OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY e. STATE b. COUNTY 1 P MARYLAND Anne Arunde Anne Arundel and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give Recrest town) <u>۾</u> write RURAL end give nearest town) 2 Annapolis Annapalis Pages hours aft . IS RESIDENCE 70 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 118 Sunset Drive Anne Arundel General Hospital completely 3. NAME OF Middle Last 4. DATE Doy Month Year DECEASED OF (Type or print) DEATH ABBOTT 19 62 Elizabeth May carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SE) 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) and Months Dave Hours Female White WIDOWED DIVORCED Dec. physician remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done stights most of working life, eyen if retired Maryland U.S. 13. FATHER'S NAME esea 14. MOTNER'S MAIDEN NAME .9 attending and 4 Then WAS DECEASED EVER IN U.S. ARMED FORCES? law requires that the 16. SOCIAL SECURITY NO. Address removal, (Yes, no, or unkow) | (Ilyesgivewerardatesofservice) r attending physician. has been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause **DUE TO** (e), sleling the underlying the bubly cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY NOL 98 PERFORMED? NO D CERTIFIC 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 占 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) 203 INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm.) 2Df. (City or town) (State) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. el work et work p.m .31, 19.62 that (I) 3(324) last 21. I. certify that (I) 200000000 aftended the deceased from...... DIREC saw the deceased alive on...... 5:30 220. SIGNATURE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE filed v CEMETERY OR CREMATORY LECATION (City, fown or county) (Stete) 238, BURIAL, CREMATION, | 236 23d. DAOVAL (Specify Oig 250. REC'D BY REGISTRAR 256. PEGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61 arthur & Krons

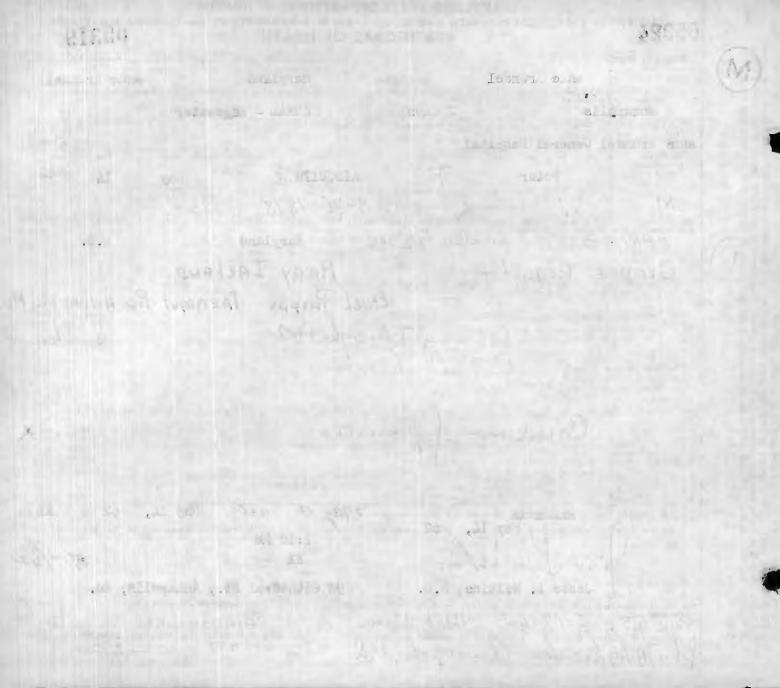
MARYLAND STATE DEPARTMENT OF HEALTH

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1			MA DIVISION OF STATISTICAL RE	ARYLAND STATE DE SEARCH AND RECORDS,	PARTMENT OF 301 W. PRESTON	HEALTH STREET, BALTIMOR	
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s that an. y the mit. T		-	18. CAUSE OF DEATH [Enter only one couse	per line for (e), (b), and (c),	s-pamh Lew	is pa	Me As Fr
hysici ned b it pen			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	EREBRO-V	ASCULARNO	CIDENT	INMEDIATE
law re ding p en sig t-trans ematic			Conditions, if eny, which gove rise to immediate cause	CEREBRAL A	THEROSCLE	ROSIS	24RS_
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by the ter this thed for Health		1 .			CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or lown)	(County) (Slete)
SNDIN aimed B: Af detact		MEDICAL	p.m. 19	et work et work		E. MAY	**/ 3 ** ***
ATTE be ref SCTO uld be			21. I certify that (I) (this hospital) saw the deceased alive on	affended the deceased from	death occured at 2.3	M, from the causes a	
OR may DIRI			220. SIGNATURE	Zeny. M	ATTENDING ME	D. STAFF	22b. DATE SIGNED
TEKALL Page	1		22c. PHYSICIAN'S NAME (Type) LEON C. T.	PERDY M.D.	22d. ADDRESS 2 GCEN	BURNIE,	MD,
director			BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify) 215 May M	62 Clen Haven	or CREMATORY Mem. Park	Glen Burn	or county) (Stele)
VR A15 (4)	^	24	FUNERAL DIRECTOR'S SIGNATURE	Glora But mit	140 250. REC'E		STRAR'S SIGNATURE
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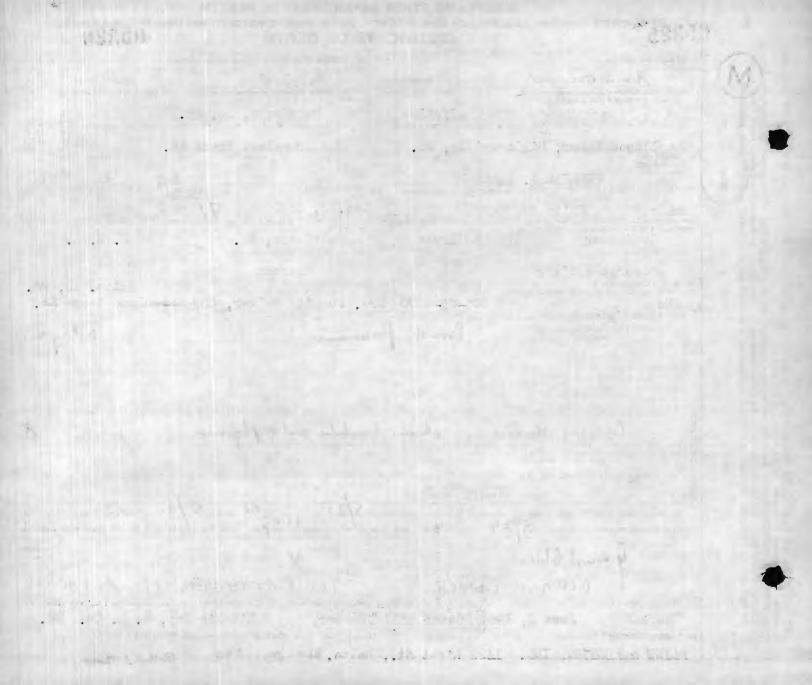
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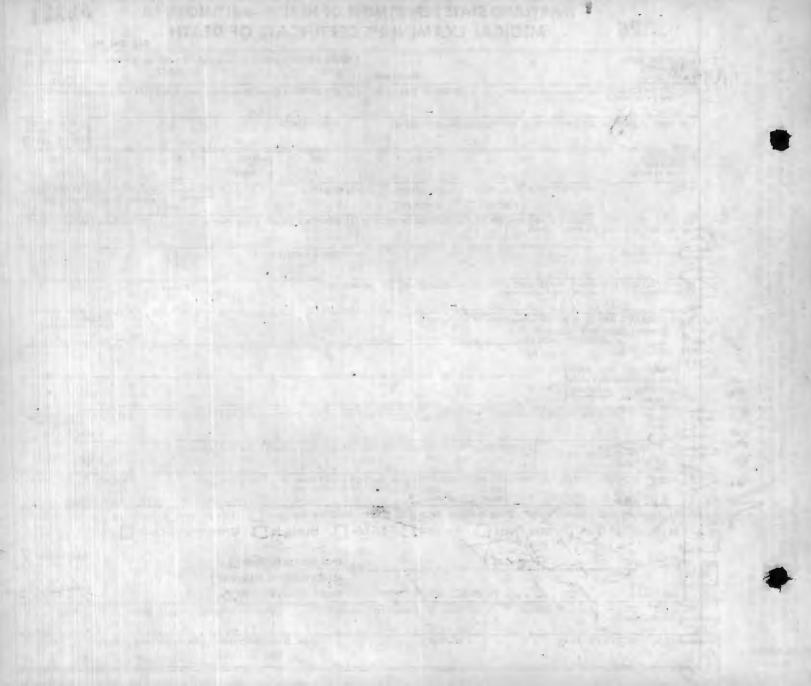
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission
	. county Anne Arundel Marylan	a. STATE Maryland b. COUNTY Anne Arundel
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
2	Annapalis 2 days	RURAL - Edgewater
2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM
	Anne Arundel General Hospital	YES NO
	3. NAME OF First Middle DECRASED	Last 4. DATE Month Dey Yeer OF
-	(Type or print) Peter	AISQUITH SR DEATH May 1, 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Deys Hours Min.
-	108. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDI	0-30-18/8 83 yrs.
	done duging most of working life, even if retired)	
-	FARMER JOBACCO HARM	R Maryland U.S.
	Conne Marily	
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	MARY LRELAND
ľ	(Yes, na, ar unkown) (livesgive were rdates of service)	THEL PHIPPS FARAGUT RO. ANDAPOLIS
F	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
ı	PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	ONSET AND DEATH
	42011 DUE TO 0	1
	Conditions, if eny, which \ (b) (1) The world	are
	geve rise to immediate cause (a), stating the undarlying DUE TO	
	cause lest. (c)	
3		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPS' PERFORMED?
200	Carcin una of Dan	ullus YES NO N
100	OR CONTRIBUTING [] CAUSE OF DEATH	RED. (Enter neture of injury in Pert I or Pert II of item 18.)
- 1		
1 5	Hour s.m. WhileNot While	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) factory, street, office bldg., etc.)
1		-Ma . 13 All Mars 21 62 VV
		m May 12, 19 64 to May 14, 19 62, that (1) (XX) la
	saw the defeased alive on	hat death occured at
	228. SIGNATURE	M.D. PHYS. KX DIRECTOR PHYS. 5114/6
	22c. PHYSICIAN'S	22d. ADDRESS
	Jesse L. Wilkins, M.D.	98 Cathedral St., Annapolis, Md.
3		RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Buein 5-17-62 Ah Helph	Birpsuible Mp.
	DUKING	
1	M FUNERAL DIRECTOR'S STONATURE ADDRESS A	MAY 1 6 '62 Cultury & Kraus



	MARYLAND STATE DEPARTMENT OF HEALTH	
53 PIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B CERTIFICATE OF DEATH	ALTIMORE 1 MARYLAND
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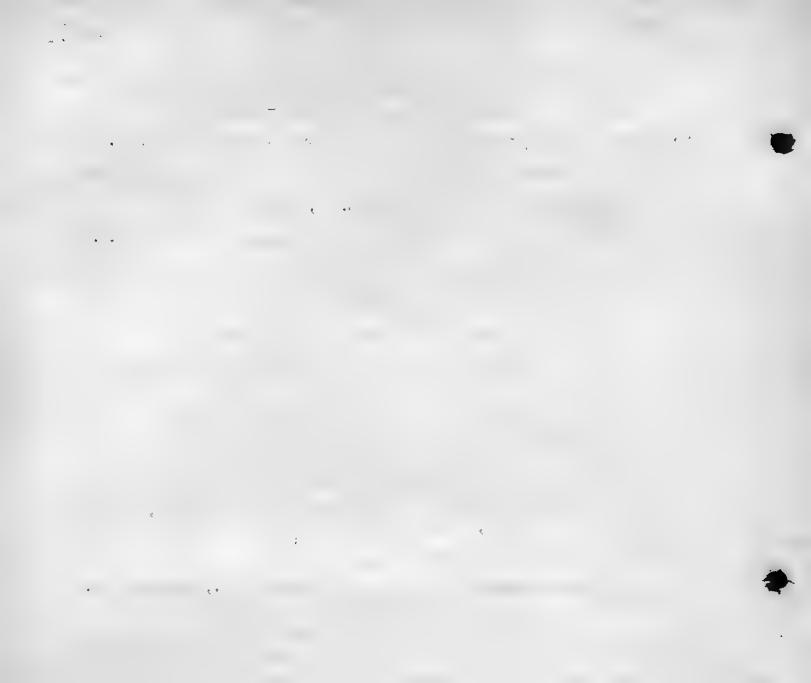
1.	PLACE OF DEATH				11 2	USUAL RESIDEN	ICE (Where	deceased lived. H	institution, Res	idence before edmission)
	e. COUNTY	1 1.1				a. STATE		b. COUN		1
		e Munder		MARYLA		Maryla		×1,	Ann	The state of the s
	b. CITY OR TOWN (i	f outside corporate limit give nearest town):	15,	c. LENGTH OF STAY I	ч 16	c. CITY OR TOWN	(If outside c	orporete limits, write	RURAL and s	jiva nearest lown)
		smille	,	Lifetime		X Boltin	מיים	26. Md.		
				hospitel, give streat address)		d. STREET ADDRESS	10109	ALU 9 MILLS		. IS RESIDENCE
							_			ON A FARM?
-	Moll Kood	Manor, Mil	ler	cville, Md.		209 Green	land	Beach Rd.		YES NO
۵.	DECEASED	First		Middle		Last	4. DAT	E Month		Day Year
	(Type or print)	WILLIAM M.	AL	BIKER			DEA	тн Ма	V	30 1962
5.	SEX	6. COLOR OR RACE	7. MA	RRIED NEVER MARRIED	7 8. D	ATE OF BIRTH		9. AGE (In years		AR IF UNDER 24 HRS.
	Nr - 7 -			WED DIVORCED		ec. 2, 1390)	last birthday)	Months Da	ys Hours Min.
10	Male USUAL OCCUPATI	ON (Giva kind of work		. KIND OF BUSINESS OR IN		11. BIRTHPLACE (Cou			112 (1717)	N OF WHAT COUNTRY?
di	one during most of wo	rking life, evan if retire	d)		203161					
	Conduc	tor		Railroad		Baltimore			U.	S. A.
13	FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME			
	Georg	e Albiker				Unkne	מושכ			
15	WAS DECEASED EVI	ER IN U.S. ARMED FOR	CES?	16. SOCIAL SECURITY NO.	17. INE		- 1,70-2	Addrass	Ral	to. 26, Md.
{Y		yesgive war or dates of se	ervice)	705 DE 4070	Winn in	Tananata W	In There	200 0		
	No l	No		705-05-6070	Wrs	. Juanita V	valker	, 209 Gre	eurand	INTÉRVAL BETWEEN
		WAS CAUSED BY:	сиизе р	er line for (a), (b), end (c).	į.	,				ONSET AND DEATH
		IMMEDIATE CAUSE (+)		meho	neu	manuel				6 days.
	441X	DUE TO			+					7
	Conditions, if any									
	gave rise to immedi	ate cause			-					
	(a), stating the us	nderlying DUE TO								
	cause last.) (c)		W						
NO.	PART II. OTHER	SIGNIFICANT CONDIT	TIONS	ONTRIBUTING TO DEATH B	UT NOT R	ELATED TO THE TERMI	INAL DISEA	SE CONDITION GIV	EN IN PART 1	a) 19. WAS AUTOPSY PERFORMED?
EAT.	Cen	renewes de	Rem	china	tre	thelis and	enethy	sema		YES NO
NA.	20a. ACCIDENT WA	AS UNDERTING		DESCRIBE HOW INJURY OC						
CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER								
7	20c. TIME OF INJU	1	1.26	od. INJURY OCCURRED 20	- 51 4.00	OF INJURY (Home, fer	- : 205 //	City or town)	(County	(State)
WEDIC/	Hour e.m.	Monin, Day, Tee	1	hile Not While		, street, office bldg., etc		City of lowing	(count)	(21516)
ME	p.m.	19	at	work at work		1				
	21. I certify th	nat (I) (this hospit	al) at	ended the deceased f	romy	5/25	12.62	5 1	190	, that (I) (we) last
				119.0.2., and			MM fr	om the causes	and on the	date stated above
	22a. SIGNATURE	CG 01170 011,,	-	turning of the state of the sta	11161 (1			011 1110 000303	ond on me	22b. DATE
	ZZa. SIGIVATOR	0 161	1				MED.	STAFF		SIGNED
	7	may man	el		M.D.	22d. ADDRESS	DIRECTOR	PHYS.		
	22c. PHYSICIAR'S NAME (Type)	0 0	_	1. 1001			A	7 (-		DI KINA MANA
		CRICAGO	1	chunelt.		1111 6	117 112	SANILLE.	(I A	tan about
23		ON, 236. DATE THER	EOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LC	CATION (City, lov	vn or county)	(State)
	BUTIAL	June 2	19	62 Cedar Hil	1 Ce	metery	Rat	chie Hwy,	A. A.	Co. Md.
24	FUNERAL DIRECTOR			ADDRESS		-	-	ISTRAR 256. REC		
			7		773					
_	FLYNN & FI	EMILING, INC	• 3	422 Light St.	Ba Ba	TTO SUDATE	UN 2	'62 a	that 1.1	Comment -
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/		05327 CERTIFICATE OF DEATH 05322
funera should	M)	1. PLACE OF DEATH a. COUNTY Anne Arundel 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edm ssion) a. STATE Maryland b. COUNTY Anne Arundel
hour the nd 2 eath,		b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
in by	12	Annapolis 3 days XRURAL - Edgewater
thin filled j Pages urs aft	60	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RES/DENCE ON A FARM?
		Anne Arundel General Hospital Salisbury & Woodland Beach, Dr. YES NO KK
mpletely papers. n 72 ho		DECEASED (Type or print) Cecil AYLOR DEATH May 27 1962
		5. SEX 6 COLOR OR RACE 17 MADDIED TO MICKE MADDIED TO 1 B. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.
e be es and co carbon ot, with	F	Male White widowed Divorced Oct. 11, 1911
ficat ician tove		10e. USUAL OCCUPATION (Give kind of work done during meet of Opking life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & Stete, or lore gn country, 12. CITIZEN OF WHAT COUNTRY?
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ing p	M	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME
tend tend en pl		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
at the at The The		(Yes, figl. or unkown) (liyes g vewer or detes of service) Mary E. Uslon
es the cian. By the commit.		18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c) PART I DEATH WAS CAUSED BY: ONSET AND DEATH
quir hysic ned 3 if pe n, o		IMMEDIATE CAUSE (6). Ceruly Northoll, S. Mongelly La 3 days.
w re		Conditions. (Dry, which) (b) General & ashiral artino chevisis?
endii endii beer rial-i		deve title to immediate calitie
r aff has has e bu		(a), staling the underlying cause lest. (c)
SICIAN Spital or to by	2	PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES NO
PHY: the hother this condition to the hother		206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert I, of item 18.) OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
TDING ined by : After detached		20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County)
E S S S S S S S S S S S S S S S S S S S		21. I certify that (I) (NOKANO COC) cattended the deceased from 5/24, 1962 to May .27,, 19 62 that (I) (WOC) last
Pe Suid		saw the deceased alive on May26,1962, and that death occurred at
8 5 E E E E E E E E E E E E E E E E E E		216 STATE STAFF DIRECTOR PHYS. DIREC
age t	1	22c. PHYSICIAN'S 22d. ADDRESS
A P	- 1	NAME (Type) Maurice Klawans 31 Southgate Aye., Annapolis, Md.
E to the second	1	23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county)
ರ್ಷನ್ನ ಕ್ಷಮ್ಮ	5	24 FUNERAL DIRECTOR'S SIGNATURE A ADDRESS A 250, REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 15M 7/61	1	John M. Layler Sins Americano Ma- Date MAY 29'62 Cirling & Think

MARYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH
1	-	CERTIFICATE OF DEATH
be execut. Thin 24 hours after and completely filled in by the funeral-roon papers. Pages 1 and 2 should writhin 72 hours after death.		PLACE OF DEATH o. COUNTY ANNE ARUNDEL MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) LAUREL, MD 7 years d. DISTRIPOSW Amount of Chipospital, give street address) CHILDREN'S CENTER, LAUREL, MD. NAME OF DECEASED (Type or print) LAWRENCE LEE BALL 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. Last Marked Mark Marked Marked SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 2. UBURL RESIDENCE (Where deceased lived, If Institutions, Residence bafore admission) a. STATE b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) WASHINGTON, D.C. 4. STREET ADDRESS CON A FARRY OF DEATH MAY 16 19 62 SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months Days Hours Min.
quires that the death certificate bysician, and by the attending physician and t permit. Then please remove car n, or removal, and in any event,		Male White WIDOWED DIVORCED 3/20/53 9 yrs. Ob. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) INSTITUTIONALIZED WASHINGTON D.C. USA THEODORE ALBERT BALL JUNE REBECCA SHARP 5. WAS DECEASED EVER IN U.S. ARRAED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, by unkown) (If yasgivawaror detasofsarvice) WASHINGTON D.C. USA 14. MOTHER'S MAIDEN NAME JUNE REBECCA SHARP CHILDREN'S CENTER, LAUREL, MD. IB. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 14. MSPIRATION — pneumonia Aspiration — pneumonia Aspiration — pneumonia
IENDING PHYSICIAN: The law re- estained by the hospital or attending ph OR: After this certificate has been sign be detached for use as the burial-transi tept, of Health prior to burial, cremation	MENICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
TO HOSPINAL OR ATI death. A may be re yet of the thing of the country of the country be filled with the State De	1	Saw the deceased alive on 5/16/62

hin 24 hours after x



1		MARYLAND STATE DEPARTMENT OF HEALTH	A 19344 A 8475
(CERTIFICATE OF DEATH	75324
s after funera	M)	1. PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased I ved, if institutions of county) b. COUNTY	Residence before admiss on)
4 hours by the f and 2 s death.		b. CITY OR TOWN (if outside corporete I mifs, write RURAL en with RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete I mifs, write RURAL en	d g ve nearast lown)
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ed tely fi.		4/8 JEFFERSON ST. Middle 4/8 JEFFERSON ST.	YES NO Year
execution paper no paper paper no paper pa		DECEASED (Type or print) FLORENCE J BARRY OF DEATH 5. SEX 6 COLOR OR RACE 7 MARRIED DEVISE MARRIED B. DATE OF BRITH 19. AGE (In years IF JNDER	26 1962 1 YEAR IF UNDER 24 HRS.
e be and and carbo		5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRITH [9. AGE (In yeers lest birthdey)] 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers lest birthdey) (60 yrs.) Wildowed Divorced 12-27-1901	Deys Hours Min.
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death nding p please and in	(I)	-JAMES M. CASEY JEANETTE CLARK	
at the ne after Then noval,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMANT TRAIL TR	2
ires the sician. d by the permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	ONSET AND DEATH
w require phy signe ransit		Conditions, if eny, which \(\)	
The lar thendir s been surial-t		gave rise to immediate couse (e), stating the underlying DUE TO	-
AN: al or a ale ha s the t		PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PAR	T 1(+) 19. WAS AUTOPSY PERFORMED?
YSICI hospith certific use a		PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PAR 208. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW NJURY OCCURED (Enter neture of in ury in Pert of Pert I of Item 18.1) OR CONTRIBUTING CANS OF DEATH ET INC. TO THE TERM NAL D SEASE CONDITION OF VEN IN PART TO THE TERM N	YES NO
G PH yy the er this led for			unty) (Stele)
NDIN sined to R: After detact		Hour a.m. p.m. While Not White factory, street, office bldg., etc.)	
ATTE be refa (CTO) and be		21. I certify that (I) (this hospita) attended the deceased from. 1964, to 5,26	the date stated above.
OR may DIRE 3 shou		228. SIGNATUE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. OF THE PHYS. PHYS. OF THE PHYS. PHYS. PHYS. OF THE PHYS. PHYS. PHYS. OF THE PHYS. PHYS. PHYS. PHYS. PHYS. OF THE PHYS.	22b. DATE JIGNED
PITALL FEELL Page with the	1	22c. PHYSICIANS NAME (Type) F. Li-hAKON. 22d. ADDRESS MAME (Type) F. Li-hAKON.	louis -
death. Golfertor, director, be filed		23e. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, townfor coun	(Stota)
VR A15 (4)	The.	24 FUNERAL DIRECTOR'S SIGNATURE DARESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
15M 9/60	1)	John 11. Joy Tor + Hais (Chilling) 1401. I DATE MAY 2 9 '62 Citting	T. Harris



-		MARKING DIFFE	DEPARTMENT C		
	05330	CAL RESEARCH AND RECOR		on street, baltimo H	05325
	1. PLACE OF DEATH	- Item 1 FilmG512	7/8/62iwk	NE (Milham dansard laund If in	Attution: Residence before edmission
	e. COUNTY	MARYLAND	e. STATE	b. COUNTY	
3	b. CITY OR TOWN (if outside comporate li			outside corporeta limits, write R	
)	write RURAL and give neerest town) Crownsville	30 years	X Crownsvil	lle	
ı	d NAME OF HOSPITAL OR INSTITUTION	l (if not in hospital, give street eddress)	d STREET ADDRESS	Bay 10	e IS RESIDENC
,	NAME C: residence-	* * * * * * * * * * * * * * * * * * *		4. DATE Month	YES NO
ı	DECEMBED	seph Vernon	Becker	ог реатн Мау	1 19 62
		7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers I	UNDER I YEAR IF UNDER 24 HR
	Male White	WIDOWED DIVORCED	March 19, 190	00 62 yrs	Aonths Days Hours Min.
	10a. USJAL OCCUPATION (Give kind of widone during most of working life, even if ret	ork 1Db. KIND OF BUSINESS OR INDUS	STRY 11 BRTHPLACE (Count	y & State, or foreign country)	12. CITIZEN OF WHAT COUNT
	Painter II	State Hospital	Maryland		U.S.A.
	Otto Becker		Annie M. I		
.)	15. WAS DECEASED EVER IN U.S ARMED FO	ORCES? 16 SOCIAL SECURITY NO 17		The m. 18 e	· Lake (at
	Yes 3.361.363	220-36-6919	Wife and Emplo	The state of the s	(Z)
	18. CAUSE OF DEATH Enfer only o	ne cause per line for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY.	a) Cachexia			
	777 X DUET	Congrellized Con	ccinosis (Prim	ary Site Undigo	losed
	gave rise to immediate cause		.02110020 (2221110	all of the control	
	(a), staring the underlying	(c)			
,	PART II OTHER SIGNIF, CANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDIT ON GIVE	IN PART 1(a) 19. WAS AUTOPS
	ICAT			201	YES NO
	20%. ACCIDENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEAT	206 DESCRIBE HOW NJURY OCCUP	RED (Enter netural of Injury in F	'eri i or Peri II or Hem ib.)	
		Yeer 20d, INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, ferm		(County) (Stata)
	20c. TIME OF INJURY Month, Day, Hour a.m. 19		lactory, streat_office_bldg., etc.		
	21. I certify that (I) (this hos	pital) attended the deceased from	April 20,	62 to May 1,	, 19.62, that (I) (we)
	saw the deceased alive fory	lay 1, 19.62 , and th	nal death occured at	M, from the causes a	nd on the date stated abo
	22e SIGNATURE	4.4.6.4		NED STAFF	5/1/62
	22c. PHYSICIAN'S	San Jan	M.D. PHYS. D	INTEGOR [] FAIS. []	
	NAME (Type) L. Bene	edict, M. D.	Crownsvi	lle State Hospi	tal, Maryland
	236. BURIAL, CREMATION 236. DATE THE	1/4/	Ø.	23d. LOCATION (City, town	or county) (State)
	Janual 3-4-	-62 Ilen Har		Ideln Bu	mae Me
N.	24 FUNERAL DIRECTOR'S SIGNATURE	Sus Choress	the Mil	C134 (7) ADD	STRAR'S SIGNATURE
11	# -		DATE		



1		Ι,		MA	RYLAN	ID ST	ATE DEPAR	TME	NT OF H	IEALT	H-BAI	TIMORI	E, 18		053	20
4 9 e		10	5331		MEDI	CAL	EXAMIN	ER'S	CERTII	FICA'	TE OF	DEATH				66
ald by		=												leg, Dist. N		
essory, please exe- Page 4 should be burial, cremation,	M)	-[1,	a. COUNTY Anne Aru	ndol			MARY	AND	o STATE		Where deceas	ed lived. If Ir b. CQI	arol		afore odm	issian)
7 a 10		-	b. CITY OR TOWN	(If outside corporate	limits, write RURA	u o	c. LENGTH OF STAY I				autside con	porate limits, v			necrest to	wn)
Poge burial			Crownsvi				1 mo. 14 c	lavs	Pres					(X	5 %	,
for.	10				ITION (If not		al, give street address		d. STREET						IS R	ESIDENCE A FARM?
Pri e		L	Crownsvi	lle Stat	e Hosp	ital			Box	83						NO [
del ral ur fi		3.	NAME OF DECEASED		First		Middle		Losi		4. DATE	N	lonth	Day		Year
fune fune regi			(Type or print) 3		John		Wesle	· v		yce	DEATH		5	6		9 62
# 유명 # #		3.	Male			MARRIED DOWED (NEVER MARRIED		DATE OF BIRTH			9. AGE (In year loal birthday) 64	M	under 1YEAI	R IF UND Haves	Min.
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P = 2 = 2			during most of wort	ting life, even it i	retired)				Mary						3.A.	00011111
urs affi 1, 2, 4 may b 18 1 an		13.	FATHER'S NAME						14. MOTHER'S	MAIDEN I	NAME					
ပို့ ဦးဟု တို	T		Donald	Boyce					Laur	a						
24 P. G. G. W.	4	15	WAS DECEASED E	VER IN U. S. AR			CIAL SECURITY NO.		FORMANT	-	-	Add	ress			
Girlin Girlin			No				-18-5840	H	ospital	Reco	ras					
R S × S				ATH [Enter only ATH WAS CAUSE			(a), (b), and (c).) hyxia Due	+0.	Food De	nti ol	0.0			ON	SET AND DE	EEN ATH OS
form 1			901	MMEDIATE CA	AUSE (o)	TOL	myxra bue		roou ra	7 0101	.65			11	TTIIQ 0	6.0
in It	J		Canditions, if	' [DUE TO											
d de			gave rise to imm	rediate cause 🕻 🍃	(P)											
Per la			(a), stating the	Undurrying)	(c)											
fice is a	7	NO NO					TRIBUTING TO DEATH								19. WAS	AUTOPSY RMED?
dig s	*	10					sociated 1						rosi	.8	YES X	NO 🗌
S Ce.		CERTIFI	20g. EXTERNAL C. PRIMARY gr C. CAUSE OF DEATH	ONTRIBUTING 🗖			IOW INJURY OCCUR									
ward ward I Exam shauld		13	20- TIME OF INT	IRY Month I	Day, Year		y after st	01461	OF INTUINE A	d	nor arthu			(County)		(State)
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- S &	. J		EXAMINER'S	107 m a m /	Timb		- 3E T)				AL EXAMINE	treat .			5/7/	62
e Ihr ward	E	224	NAME (Type)				c. NAME OF CEMETE	DW OD C		MEDICAL	EXAMINER					
9 9 9 6	ō	1	REMOVAL (Specif		1 = 62		Joneston XXXXXXX					ION (City, 10)		unry)	(State	2)
	, \	23.	FUNERAL DIRECTO	R'S SIGNATURE	12, 19	621	ADDRESS	Noor Mark	7-	240. REC*	D BY REGIST	RAR 24b. R	EGISTRA	R'S SIGNATU		
VS. A15ME(5 5M 9/55)		127 xa	mptom	Sim	70	derals &	ne	md	DATE M	Y 1 4 '6	2 (Onthu	1 S. The	ud	
	4	0	7	1				-				·				



_ 1	`	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND
12/	1	CERTIFICATE OF DEATH 05327
of the N	Λ	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edm ssion)
五五元		a. COUNTY () b. COUNTY () ()
hor th nd 2		b. CITY OR TOWN (if outside corporate limits, or LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
24 1 by		write RURAL and give neerest lown)
ihin led i	Y	d. NAME OF HOSPITALOR INSTITUTION (if not in prospital give streat address) d STREET ADDRESS e. IS RESIDENCE
Y Source	- C	608 Excrett Ch ON A FARM?
letel pers 72. h		3. NAME OF First Modele Lest 4. DATE Month Day Year OF
complet thin 72	1	(Type or print) There Drieder DEATH May 21/6219
d co bon with		S SEX 6 COLOR OR NACE 7, MARRIED NEVER MARRIED 8 PATE OF BRTH 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.
ie b n an car ent,		O'Kalle VI WIDOWED DIVORCED VALLE 12/103 59 yr.
ifica icial nove		100 USUAL OCCUPATION (Give kind of work 40b, KIND OF BUSINESS OR INDUSTRY) 11 B RTHPLACE County & Stole, or lore on country 12. CITIZEN OF WHAT COUNTRY?
cert phys any		(Thinkor Colone Or. apth Glermany W)
ng passes d in		TIST FATHER'S NAME
de de	i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 717. INFORMANT Address
the The		(Yes/no/or unkown) (Ifyesg vewarordelesofservice)
that the the vit.		18. CRUSE OF DEATH [Enter only one cause per I ne for (8), (b), end (c).]
sicia d by Dern or I		PART I. DEATH WAS CAUSED BY:
phy phy gne gne isit ion,		151
ing ing si si trar		Conditions, if any, which (b)
end end bell trial		gave rise to immediate cause
T at has be by		(a), stating the underlying CC (c)
IAN tal o tate as th	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19 WAS AUTOPSY PERFORMED?
SIC Dsp.1 rtiffic ior t		₹ NO □
H P		TES NO TE
日本主が		
Affe by the stack		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (C'ty or town) (County) (Stete) Hour a.m. While Not While factory, street, office bldg., etc.)
ENT taini NR: S de p de		
E STAG		21. certify that (i) (this nospital) affended the deceased from
R P P P P P P P P P P P P P P P P P P P		saw the deceased alive on Mill 18 190 2, and that death occured at M. Trom the causes and on the date stated above
S S S		TEUM CIMALAN ATTENDING MED. STAFF SIGNED PHYS. D
AAL SAR		22c. PHYSICIAN'S 1. HOLD A DIVANIA C 22d ADDRESS 1 1/2 Deft 2 m/
A P	- 1	NAME (TYPO) HEHRY ARMANAS 1934 WIKelus Me BOULDHUR 25, MG
death O FU directo		236 BURIAL CREMATION, 236 DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY DE 23d LOCATION (Cyy, town or county)
ರ್ಕ್ಟ್ ಕ್ಷಶ್ಚ	0	Bureal 5/24/62 Souldon A Balto. 27, one
VR A15 (4)	X	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Que 258. REC'D BY REGISTRAR'S SIGNATURE
15M 7,61	1	With Co. HO (almondson DATE MAY 23 '62 arthur S. Thomas

ithin 24 hours' after.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/58

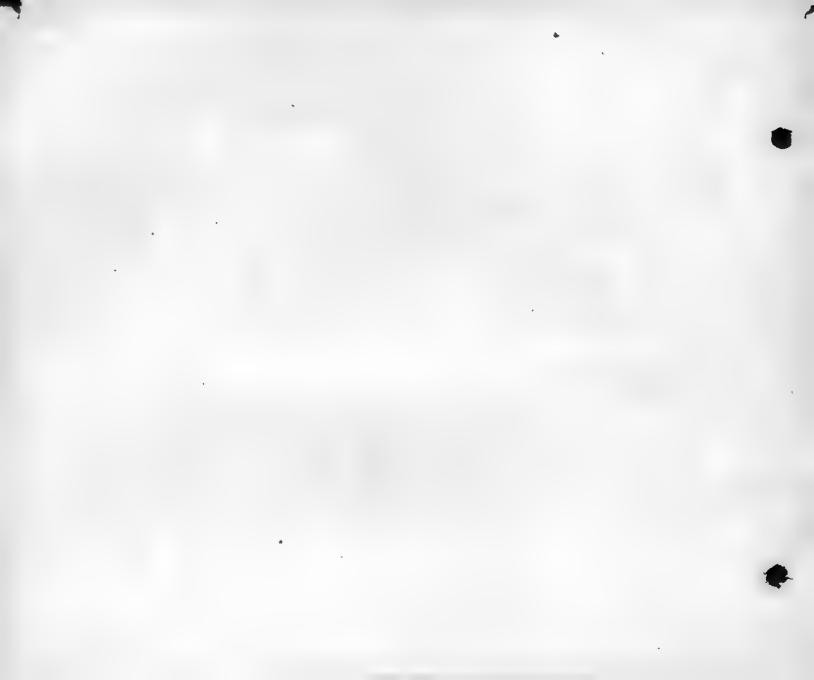
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

05329

Reg. Dist. No.

	o. COUNTY ALVIE ARJUDEL	MARYLAND	o. STATE RYINND b. COUNTY ARTICLE ARTICLES					
	b. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn.	ENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severm					
	d NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION Kimbrough Army Hoppital Ft G	D	d. STREET ADDRESS o IS RESIDENCE ON A FARM?					
3	NAME OF DECEASED (Type or print) First Tilliam S. (Last 4. DATE Month Day Year OF DEATH Nay 26 19 62					
5	SEX 6. COLOR OR RACE 7. MARRIED 2. WIDOWED		PAGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Set Set					
	Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) Retired. N 3. FATHPU'S NAME	OF BUSINESS OR IND	UP 11 THE DISA					
James Horsec Carter Sallie Price Charoller 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address								
1	Yes. of or unknown Iff yest give yer or dates of service) Yes 4/, 4//9. 8/3//50	7	Mrs Wm S. Carter Lever Med					
	18. CAUSE OF DEATH (Enter only one couse per line for PART 1. DEATH WAS CAUSED BY Arteri		Cardiovaspular Disease INTERVAL BETWEEN ONSET AND DEATH					
	422 / DUE TO							
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-							
1,	lying couse lost. (c)	PIRITING TO DEATH RE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
A CITA NIS	Chronic Pulmonary	Insufficien	PERFORMED? YES NO					
76.97	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCUR	RED. (Enter nature of injury in Port I or Port II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. p. m. 19 of work □	Y OCCURRED 20e. Not while of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg , etc.)					
	21. I certify that I attended the deceased from 21 May 1962, to 26 May 1962, that I last saw the deceased							
ı	alive on May 26 , 19 62	, and that deal	th accurred at 3:45PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED					
	ACTUAL SIGNATURE Mulelin Holdgein Centum US Army Hospital, Ft Morde, Nd 26 May 62							
	PHYSICIAN'S NAME (Type)							
2	20 BURIAL CREMAT ON 22b. DATE THEREOF 22c.	NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)					
2.	FUNERAL DIRECTOR'S SIGNATURE	ADDRES8	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					



N. I	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If .nst.tution: Residence before adm.sston)
essary, r. Page files.	Anne Arundel MARYLAND Same 5. COUNTY Same Same
necessary rctor. Page wr files.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town)
or o	Glen Burnie 4 Y. Same
FE VIV	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. ts residence
funeral funeral funeral trate ath.	1202 dilson Rd. Same Same YES ☐ NO [
any le fun stain Sta death	3. NAME OF First Middle Last 4. DATE Month Day Year OF
# # a # a	(Type or print) Amy E. Coppard Caughy DEATH May 7th 19 62
d 3 th with s aft	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ffer de 2, and de 2 mai de 2 mai hours	F WIDOWED DIVORCED 75/75
6 0 60	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
	Potired
- 4 6 3 J	Housewife - Re tiled Eastbourne England USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
S S E E	Georgo M. Rakor Mary A. Castãe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
form form eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesg vewerordatesof service)
em with	No Mrs. Marion Beavers, (daughter) 1200 Wilcon Po
sit p	PART I. DEATH WAS CAUSED BY:
d be expected in the pencil is a long in the pencil in the pencil is a long in the pencil in the pencil is a long in the penci	MAMEDIATE CAUSE (6) General Asthenia 5 Years
ould by in per Office Durial burial	174X DUETO
E	Conditions, if any, which (b)
	(e), stating the underlying DUE TO
ertificate d. pendir Examiner e used as ition, or i	Cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY
응충들조림	PERFORMED?
SR: This the work Medical Should bial, crem	YES NO X
- 佐まぎらば	E PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.
EXAMINE step, writing the Chief I R. Page 3 strior to buring	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
KAM , wri	Hour a.m. While Not While fectory, street, office bldg., etc.)
icate to the prior	21. I certify that I took charge of the remains described above, held an Autopsy Inspection x. Inquiry xx. and in my opinion
DICAI e certifi arded "RECT agent,	death resulted Irom: Natural causes . Accident . Suicide . Homicide . Undetermined manner
E Parage	CHIEF MEDICAL EXAMINER
MED te the forwa L DIR	SIGNATURE 1/62DATE SIGNED 5/7/62DATE SIGNED
NERAL designal	EXAMINER'S DEPUTY MEDICAL EXAMINER
DECENTER NO SHOULD BE TO FUNERAL	NAME (Type) Gustave H. Faubert M. D. Address (Street, city, town, or country) Address (Street, city, town, or country) Clen Burnie, Md. 222. NAME OF CEMETERY OR CREMATORY [22d. LOCATION (City, town, or country)] [22d. LOCATION (City, town, or country)] [22d. LOCATION (City, town, or country)]
Please 4 shot O FU	REMOVAL (Specify)
Bg.4Bg	Eurial 5-9-62 Loudon Park Cemetery Baltimore, Maryland 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
V5. A15MB 5M 9/60	2/ 0 1-1 V (16 = 200 WAY 8 162) Cating & the man
3W 3/00 " ,	UM & SICKNER OSONO BRILLINGE CT, MA. DATE THE DATE

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution; Residence before edmission) a. COUNTY Anne Erundel Baltimore City Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) mos. 6 days Crownsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X Crownsville State Hospital 1314 Fremont Avenue 3. NAME OF Middle DATE Month Yeer DECEASED OF (Type or print)3-#22674 Clement DEATH ₩. 19 James 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months DIVORCED I WIDOWED TO Male Negro 10a. USUAL OCCUPATION (G va kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | II. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Unemployed Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emal Clement Jenny 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, po, or unkown) (Ifyesgive war or dates of sarvice) Hospital Records 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) DUE TO (b) Arteriosclerotic Cardiovascular Disease Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 208 ACCIDENT WAS JNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 1 2Df. (City or town) (State) 20c. TIME OF INJURY (County) Month, Day, Yeer factory, street, office bldg., etc.) While Not While al work By Work hospital) attended the page ceased from 8/25 1962, that (I) (we) last (II) (this saw the deceased alive ATTENDING DIRECTOR PHYS. M.D. 22d, ADDRESS SICIAN'S NAME (Type Crownsville State Hospital, Maryland McHenry Mapp, 23s. BURIAL, CREMATION, 1 23b DATE THEREOF NAME OF GEMETERY OR CREMATORY 23d OCATION (City, town or county) (Stete) REMOVAL (Specify) O É S DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRÉS!

hours after



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 7/4/6- iwk 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH 24 hours at a. COUNTY **b.** COUNTY a. STATE Appe Arundel Anne Arundel MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimils, write RURAL and give neerest town) write RURAL and give nearest town? .5 14 vrs. Glen Burnie Glen Surnie filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita., give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO > #1312 Howard Road (Harundale) #1312Boward Road (Harundale 3. NAME OF 4. DATE M ddla Month DECEASED OF DEATH (Typa or print) COLUMNIC May 9 **19** 62 GILBER F.B. with 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED B. DATE OF BIRTH last birthday) | Months | and Days Hours any eyent, WIDOWED -DIVORCED 19th July ding physician a 10a. JSUAL OCCUPATION (GIVS kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Proctor & Gamble Baltimore Maryland Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gertrude 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Lent (Yas, no, or unkown) | (If yas giva war or datas of service) 215 03 6263 Same As #2 Mrs. Corothy F. Colwell 18. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH MERUNICAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO F 208. ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING T. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of tem 18.) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, offica bldg., etc.) While Not While Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 5 .19 (2), and that death occured at 16 P.M. from the causes and on the date stated above. 22b. DATE 22a. SIGNATUTE ATTENDING. STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Typa) Crain Highway. S.W., Glen Burnie.Md Charles R. MacDonald 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) REMOVAL (Spacify) 0 Glen Haven Mem. Tark Glen Burnie Maryland 12th May 1962 H 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATULE VR A15 (4) 15M 9/60 DAMAY 1 5 '62 willing S. Thousa en Burnie. Md.



1	MARYLAND STATE DEPARTMENT OF HEALTH							
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te be e carbon carbon with with		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BRTH WIDOWED DIVORCED 5AN. 16, 1890 72 yrs.	Months Days Hours Min.					
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or after or after has be the burial, burial,	Z	(a), stating the underlying DUE TO causa last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART ((a) 19. WAS AUTOPSY					
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ATTE be reta ECTOR and be		19 /10 /2 / 17 / 1/43	last and on the date stated above.					
L OR 4 may L DIR.		220. SIGNATURE Lie MD. ATTENDING MED DIRECTOR DIRECTOR PHYS. [22d. ADDRESS]	29 Hay 67					
NERA Or, pag ed with		NAME (Typa) C. EARL HILL 3708 Mountain Rd. 1	asadona, Md.					
TO FU direct be fill	2	Emprasion 6-1-6 v Cathedral Cens. Dal	EGISTRAR'S SIGNATURE					
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	e de la companya de l	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	RE 1, MARYLAND 05232			
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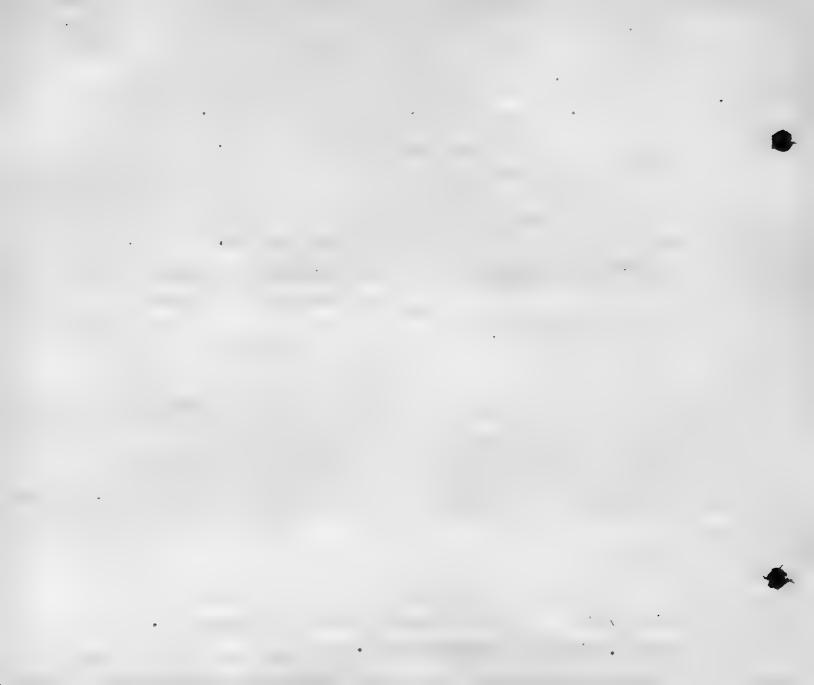


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY a. STATE **b.** COUNTY Anne Arundel MARYLAND Marvland Anne Arnudel b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL end give negrest town Annapolis hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) a. IS RESIDENCE ON A FARM? Shore Walk, Silven Shores YES NO V Anne Arundel General Hospital pletely 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Estelle O 1962 Mav 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER 1 YE .R | IF UNDER 24 HRS. last berthday) Months Days WIDOWED | DIVORCED Female Jan. 26, 1891 YIT. IDa. USJAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY . 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Housewife USA Marvland attendin≡ pł Ihen please r val, and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles W. Ogden Robertson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unkown) (lifyes give wer or dates of service) I. Dresser-Husbnad-same 2d Richard Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stelling the underlying cause lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY CERTIFICATION PERFORMEDZ NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Perl or Pert II of item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 22b. DATE ATTENDING SIGNED X DIRECTOR 5/8/62 PHYS. PHYS. M.D. 22d. ADDRESS NAME (Type) Maurice Klawans, M.D. 31 Southgate Age., Annapolis, Md. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMQVAL (Specify) Q 4.0 Burlal Rockville Cemetery Rockville Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC/D. 256. REGISTRAR'S SIGNATURE VR A1S (4) 15M 7/6f A. Pumphrey, Bethesda, Maryland DATE



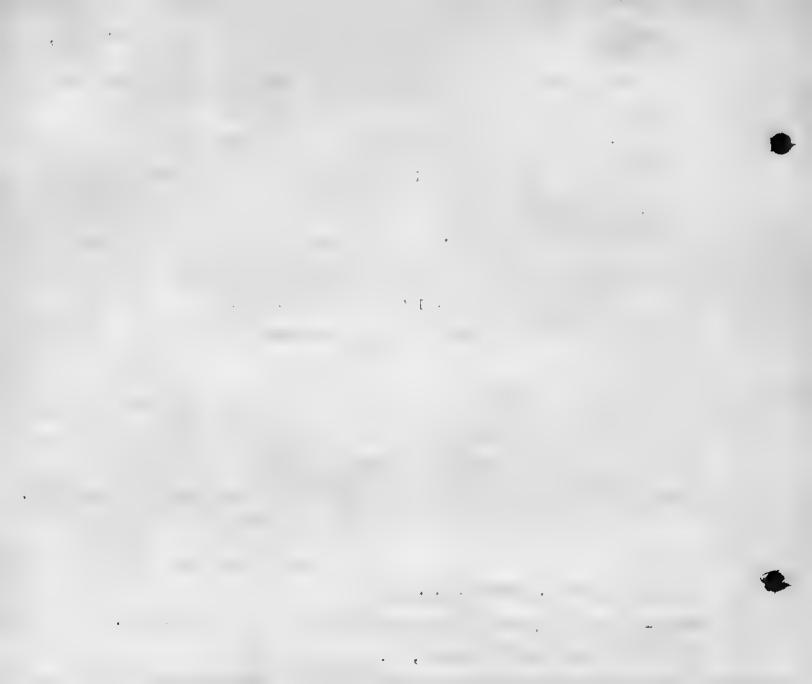
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution; Residence before edm ssion) a. COUNTY necessary, ector, Page iles. ealth, b. COUNTY Same-Anne Arundel Co. . Same MARYLAND b, CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) director. write RURAL and give neerest town! Glen Burnie, Md. min. Baltimore 25. Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va straat address) d. STREET ADDRESS . IS RESIDENCE 3 to the funeral division of the second of t ON A FARM? retained he State B Smuck's Dump 2807 Carver Rd. YES NO DE 3. NAME OF Middla DATE Month Day DECEASED OF (Type or print) Harold Harper Edwards DEATH 19 62 with th Man 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months. Male Colored DIVORCED WIDOWED 18 5 and 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Give Pages 1 Elkridge Md. Labor U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herbert Annebell Miles IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyesgivawarardatesofservice) hould be executed w
in pencil in Item 18
Office along with fit
burial-transit permit Pearl Edwards Same IB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) Crushed chest Sudden /s certificate she. //ord "panding" in per. *al Examiner's Office alo *used as a burial-tra * removal, ar **DUE TO** Conditions, if any, which geve rise to immediate cause **DUE TO** (a), steting the underlying cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical should be NO DE should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part I of Item 18.) PRIMARY TO or CONTRIBUTING CAUSE OF DEATH. Jumped off of back of truck and fell under wheel. writing 1 e Chief / Page 3 s lo buri MEDICAL 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (Stete) factory, street, office bldg., etc. 19 62 at work of ot work J Smuck's Dump Glen Burnie A.A.Co. Maryland please exacute the certificate should be forwarded to the punch of punch of the property of the designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion Accident X Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Gustave H. Faubert. M.D. NAME (Type) Address (Street, city, town, or county) 228. BURIAL CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22 d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g Burial 5/6/62 Mt Calvery Cemetary Brooklyn Md. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE V5. A15ME Wilson 1000 Brantley Ave. 5M 9/60 Carling & Thomas

ARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) director, Percountilles, e. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND Maryland b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) write RURAL and give nearest town) Edgewater dodress Umon mit & d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, g ve street address) . IS RESIDENCE ō Por ON A FARM? retained he State Anne Arundel General Hospital YES NO Woodland Beach 3. NAME OF Middie 4. DATE Month DECEASED OF to the 4 62 (Type or print) DEATH 19 May ROY ge 5 may be and 2 with 1 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months and WIDOWED | DIVORCED Male 10a, USUAL OCCUPATION (Give kind of work I 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page File Dages 1 mnd done during most of working life, even if retired) Tree Trimmer Comm. Tenn. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret (Uhknown) any event Ephram Foster form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detay of service) Fanny Foster- Wife- same as # 2 406-09-7464 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN along transit pand in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-trans IMMEDIATE CAUSE (*) Shotgun wound of the left chest in pencil Office **DUE TO** Conditions, if any, which? [b) gave rise to immediate cause es co "pending" DUE TO (a), stating the underlying Examiner cause last PART L. OTHER SIGNALCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.611 19. WAS AUTOPSY PERFORMED? pe Word NO X Medical should , 20b. DESCR.BE HOW INJURY OCCURED. [Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Shot self in chest Chief / 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, [City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) fectory, street, office bldg., etc.) Not While While Edgewater. Anne Arundel. Md. at work at work Home Ecute the certificate, v be forwarded to the RAL DIRECTOR: P ignated agent, prior i # # 8 OR: P Inspection X. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Suicide X. Homicide Undetermined manner death resulted from. Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAM NER DATE SIGNED should be for FUNERAL 1 SIGNATURE Medical Investigator 5/14/62 Peter W. Rieckert, M.D. NAME (Type) Address (Street, city, town, or county) 9359 220 BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, lown, or country) A REMOVAL [Specify] 40 9 Cross Roads Cemetery Rt 2 Oneida. Tenn. Removal-Burial ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS A15ME Circlian S. Thomas DATE Annapolis. Md. 5M 9160

MARYLAND STATE DEPARTMENT OF HEALTH



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L 70 %		05343 CERTIFICA	TE OF DEATH	05337
afte nerz oulo	3	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed	lived, If institution, Residence before edmission
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hin led sges	íı,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress)	d. STREET ADDRESS	e. IS RESIDENCE
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Crownsville State Hospital	1223 E. Lanvale Str	
Intelligible Person		3. NAME OF First Middle	Last 4. DATE OF	Month Day Year
xecil par par in 7		(Type or print) Hattie Spencer	Gardmon DEATH	5 3 1962
A co		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B, DATE OF BIRTH 9 AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS. withday) Months Days Hours Min.
S S S	-	Female Negro widowed T DIVORCED	February 1, 1882 80	yrs
fical cian ove		10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foraign	country) 12, CITIZEN OF WHAT COUNTRY
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o file of pile		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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Aff Aff		Hour e.m White Not-White	ctory, street, office bldg., etc.)	
OR CE		21. I certify that (I) (this hospital) attended the deceased from	1/6 19 58 105	/3 , 1962, that (I) (we) las
S S S S S S S S S S S S S S S S S S S			t death occured at 5.130, from the	
Short Start		22a S.GNATUKE		22b, DATE
DEUS S		Xwell Mollies 1/2/5	ATTENDING MED. ST.	rs. 🔣 May 3, 1962 SIGNED
A A BUT	1	22c. PHYSIGIAN S NAME (Type) I i and Mallanny Many & D	22d. ADDRESS	
N. P. A.	- 1	NAME (Typa) Lionel McHenry Mapp, M.D.	Crownsville State H	lospital, Maryland
Hand Sel		238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION	(City, town or county) (State)
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VR A15 (4)		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	_	256. REGISTRAR'S SIGNATURE
15M 7 61		Nayner Sandere 2176 Pre	SK DATHAY 8 '62	Culling S. Frank



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY b. COUNTY 42 d 2 MARYLAND b. JETTY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (Moutside corporate limits, write RURAL and give nearest town) white RURAL and g ve nearest town) filled in Pages 1 after d. NAME OF HOSP TAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM YES NO completely NAME OF Midd a DATE Month DECEASED OF DEATH (Type or print) an and cor F UNDER 1 YEAR 6. COLOR OR RACE 9. AGE (In years ! IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) Months Hours Min. WIDOWED X DIVORCED physician 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then (Yes, no, or unknown) (If yes give wer or detectors ervice) ilan. 220 -16-1068 permit, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per tree for (a), (b), end (c).] ģ ONSET AND DEATH PART !. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) DUE TO Conditions, feny, which gave rise to immediate cause DUE TO (e), steting the underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY icale PERFORMED? YES 200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert or Pert It of Item 18) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20c, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month Day, Yeer 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour a.m. While Not White at work et work 19 DIRECTOR: 21. | Certify that (I) Athis hospital) attended the deceased from ... 19.6. and that death occured at AM, from the causes and on the date stated above, deceased ive on. 22b. DATE SIGNATURE SIGNE PHYS. DIRECTOR M.D. ADDRESS PHYS CIAN S (Stete) BURIAL, CREMATION, | 23b OF CEMETERY OR CREMATORY 23d TOCATION (City, tow 0 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

AARYLAND STATE DEPARTMENT OF HEALTH



F 60 '	,	_ 10045	CERTIFICATE OF DEATH	05339
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etel etel 2 h		3. NAME OF Fi	rst Middle Last 4 D.F	TE Month Day Year
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Tage of T		20c. TIME OF INJURY Month, Dey,	Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. While Not While factory, street, office bldg., etc.)	(City or town) (County) (State)
Z = 3 = 5		The print 17	et work et work	
E to Cab		21. I certify that (I) (this hos	potal) attended the deceased from 11/21 6.10-61	to 5/7 , 19.62, that (I) (we) last
14 日間 18 日間		saw the deceased alive on	5/7	from the causes and on the date stated above
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A Set	- 1	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
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He Property of the Property of		23e. BURIAL, CREMATION, 23b DATE TH		LOCATION (City, town or county) (Stete)
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VR A15 (4)	8	FINERAL DIRECTOR'S SIGNATURE	ADDRESS 25e, REC'D BY R	EGISTRAR 256. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



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24 day / 3		write RURAL and give nearest town)	10	CAL and give haarast lown,
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ertif nysic ny c	84	Domestic	Maryland	U.S.
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ad the		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	enorthan du	ORSEI ARD DEATH
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he list of the liber	ERTI	20% ACCIDENT WAS UNDERLYING 206, DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter natura of injury in Part I or Part II of tam 18)	
bed that			ACE OF INJURY (Homa, farm, 20f. (City or town,	(Stata)
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Ci Se de la companya		21. I certify that (I) (tricoproport) attended the deceased from		
ay k ay k IRE Shou		saw the deceased alive on May 10, 1962, and the	of the causes and occurred at	on the date stated above
141 130 130 130 130		TIPE 11/ 0. 100	ATTENDING MED. STAFF	SIGNED
page with t		22c. PHYSICIAN S	22d. ADDRESS	_
, P		NAME (Type) R. L. Richardson, M.D.	110 Clay St., Annapolis,	Md.
HC FU FU filed v	23	BURIAL CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY		
5 5 5 5 8	F	urial May 13-62 Brewer Hill	Annapolis, Man	ryland
VR A15 [4,	_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'DANY REGISTER 25b. REGISTA	
15M 7 61		C.E.Hicks lll Annapolis, Maryland	DATE WAY 1 6 '62 C.	hus & Kraun



DIXISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. DATE OF DEATH ... Bestderes I NAME OF DECEASED Type or Print! 유건) 4. USUAL RESIDENCE (Where deceased lived If institution residence before admission) 1 PLACE OF DEATH IN BALTIMORE B. COUNTY A. STATE LIF NOT IN HOSPITAL OF INSTITUTION GIVE STREET ADDRESS OF ACCATIONS ء. **FULL NAME OF** filled i HOSPITAL OR C. CITY OF TOWN (If outside city mits write RURAL and give township) INSTITUTION completely papers. DISTREET ADDRESS alt ruro a ve locat on and con SINGLE, MARRIED 9. AGE (in years If Under a Yr If Under 24 Hrs. & COLOR OR RACE S. SEX Months 1 Days Hours ! Min WIDOWED, DIYORCED (Spec ly) event, 12. CITIZEN OF please remove 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) IGA. USUAL OCCUPATION [G ve kind of work WHAT COUNTRY? done during most of working te even firetired) aftending 13. FATHER'S NAME SOCIAL 15 Was Deceased Ever in U. S. Armed Forces? physician. gned by the a Yes no or unknown! [If yes give war or dates of service] SECURITY NO. INTERVAL BETWEEN CAUSE OF DEAT been signed JR. ONSET AND DEATH burial-transit DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hospinger has ANTECEDENT CAUSES 8 0 DISEASES OR CONDITIONS, if any, giving prior rise to the above cause (A) stating the LINDERLYING CONDITION lost may be retained by the DIRECTOR: After this should be detached for OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. AUTOPSY? IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION CANSS OF DEATH, ENTER IN WAS PERFORMED -22. I certify that (1) (this haspital) aftended the deceased fram 19 6 2-that (1) (we) ast sow the deceased a ive an and that in (my) (our) opinion death occurred at ... IQ/T.L.m. from the causes and an the date stated obave 23A. SIGNATURE 23B ADDRESS 23C DATE SIGNED ATTEND NG PHYS MED. DIRECTO EOE. STAFF PHYS 24A BURIAL, CREMATION, 24B, DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City town or county) [Stote] REMOVAL (Spec fy) PO O O F 258. NAME OF REGISTRAR FUNERAL DIRECTOR VR ATS (4) 25C ADDRESS 1SM 7/61 William & Those

requires that the death certificate be execu-

RYLAND STATE DEPARTMENT OF HEALTH



	L	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		05348 CERTIFICATE OF DEATH Reg. Dist. No.
M	T.	PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before odmission) O. STATE MARYLAND B. COUNTY A-ARUNDELC
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) GLEN BURN IB P.C. ZYRS CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
X		d. NAME OF HOSPITAL (II not in hospital, give street oddress) OR INSTITUTION 21-15TAUE MARLEY PARK, MD. 604 ANIXAPRD. e. IS RESIDENCE ON A FARM YES NO.
	1	NAME OF DECEASED (Type or print) MATTIE GERTRUDE GRIMES 4. DATE Month Day Year DECEASED (Type or print) MATTIE GERTRUDE GRIMES DEATH MAY 11 1967
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 27 HOV 1880 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 H ONLY Months Doys Hours Min
	100	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) HSWFE 12. CITIZEN OF WHAT COUNTRY YES FINCASTLE, VIRGINIA
(I)		GEORGE W. BAKEK (3Ed) MARY LUGER (DEC)
	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT NO OF UNFROMM) WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT NO OF UNFROMM) NON E MON
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
		420.0 DUE TO Conditions, if any, which) (b) CONGESTIVE HEART FAILURE 4 mms
		gove rise to immediate couse (a), stating the under typing couse lost. DUE TO ARTERIO SZEROTIC HEART DISEASE 20 YRS
(:	PICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPED PERFORMED? YES NO.
	AL CERTII	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) HO HE
	MEDIC	20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED While Not work of work of work of work of the control of work of the control of work of the control
		21. I certify that I attended the deceased fram. 1 APRIL, 1962, to PRESENT, 19 that I last saw the deceased alive on 27 APRIL, 1962, and that death occurred of 5 AM, from the causes and on the date stated about
		ACTUAL SIGNATURE H.F. Manuzok MD. 425 S. RITCHIE HWY 11 MAY6
1		PHYSICIAN'S H.F. MAHUZAK GLENBURNIE, MD.
	L	o. Burial, Cremation, 226. Date thereof 22c. Name of cemetery or crematory 22d LOCATION (City, town, or county) (Slote) urial 5/13/62 Flushing Cemetery Flushing Ohio
	530	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE NAV 1 7 162



1	. PLACE OF DEA	гн				NCE (Where deceased	,	esidence before admiss
/	a. COONT	Anne Arunde	1	MARYLAND	a STATE Ma	ryland 🧍	b. COUNTY Anne	Arundel
Ĭ	b. CITY OR TOWN	(if outside corporate limits nd give nearest town)	s, c. LE	NGTH OF STAY IN 16		V (If outside corporate li	mits, write RURAL and	give hearest lown)
	Anna	polis			// An	napolis		
	d. NAME OF HOS	PITAL OR INSTITUTION (F d on arrival	not in hospital, g	ive straet address)	d. STREET ADDRE	ss		e, IS RESIDEN
	Anne Arunc	lel General h	Mospital		13:	11 West St.	3	YES NO
	J. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day Year
	(Type or print)	Gardine		A	HALL	DEATH	May	9 1962
	5. SEX	6. COLOR OR RACE	7. MARRIEDXX 1	NEVER MARRIED	B. DATE OF BIRTH		(In years IF UNDER 1)	YEAR IF UNDER 24 H
	Male	White	WIDOWED _	DIVORCED [June 16, 19	906 5	5 yrs. Morens	And Hours MI
	done during most of	ATION (Give kind of work working life, even if retired	106. KIND OF	BUSINESS OR INDUST	RY 11. B.RTHPLACE (C.	bunty & State, or foreign	country] 12, CITI	ZEN OF WHAT COUN
	Housing ai	the same and the s	for Umo	poles City	Mary.			U.S.
	13. FATHER'S NAME	1 , 6	11 :	7	14. MOTHER'S MAID	EN NAME	4	
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1	1	DEATH Enter only one .	cause per line for	(a), (b), and (c).]	16			ONSET AND DEATH
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	740	/) DUE TO	AJ	~ ~	1- cha	all:		
	Conditions, if a		./fr.T	erioscle	otic hea	w ouseas e	2	2 years
	(a), stating the	Se Dure you						
	cause last.	(c)	OME CONTRIBUTE	UNIC TO SEATURE A	OF BUILDING TO THE TER	ALLON TO TO THE PARTY OF THE PA	TIPLE CILIFE IN PART	1, 1, 20, 1445, 4170
	5 700 71. 017	ICK SIGNIFICANT CONDIT	CONTRIBOT	ING TO DEATH BOT 14	OI KELATED TO THE TER	WINNE DISENSE COMP	HON GIVEN IN PARI	PERFORMED
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- 1	1	1.10 1	las !		ATTENDING		AFF	= lo/s.G
,	22c. PHYSICIAN	sandist. T.	vinau	CM	22d. ADDRESS			2/7/6.
	NAME (Ty	el Richard I	. Hochma	m, M.D.	59 Frank	clin St., A	nnapolis, l	Md.
-	Z3a BURIAL, CREMA	TION, 236. DATE THER	FOF 23c.	NAME OF CEMETERY			(City, lown or county	
	REMOVAL (Speci		1962 M	+ Hrirma	ny Cemeter	4 Calve	it lo	md
1	A SUNFRAL DIRECT	DR'S SIGNATURE /	1	ADDRESS * A		EC'D BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE
	EA DINEEL	no Jayler V	/ 1	MODRESS ,	Mark I			

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05343 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before od.: ission) PLACE OF DEATH o. COUNTY b. COUNTY MARKET MAKE b. CITY OR TOWN til outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL ORTINSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES NO 🔽 NAME OF 3. Middle DATE Yeor DECEASED OF (Type or print) DEATH 196 2 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH Months Min. Hours W WIDOWED [7] DIVORCED [10g, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) triendsh 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -rass107 EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160/19. WAS AUTOPSY CATION PERFORMED? NO DE YES 🗍 200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 200 PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.] Hour Not while g. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection Inquiry Suicide . Homicide . Undetermined cause Natural causes 11 DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE Ø 9 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 226. DAJE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) Ó 23. FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR & SIGNATURE 161 SM 9/55



(Y) 1	gr.	MARYLAND STATE DEPARTMENT OF HEALTH
	şîn.	05351 CERTIFICATE OF DEATH 05344
after nera ioulc		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before adm sspon) 5. COUNTY
5 - 2 3	7	Amar Amar de la MARYLAND . STATE
5 = 1	(1)	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)
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iffin illed age s af		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) o. IS RESIDENCE ON A FARM?
S. P. P. Pour		Homewood N/H- 1312 West J- Pt.6-Box 135- High Point YES NOD
plete aper		3. NAME OF Last All DATE North Day Year OF OF OF DEETH STORY OF DE
× 5 7 1		CIAO D JENTINE O 27 1162
and co		last birthday) Months Deys Hours Min.
e de la companya de l		108. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stelle, or fore an country) 12. CITIZEN OF WHAT COUNTRY?
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es the		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)] PART I. DEATH WAS CAUSED BY:
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or resignation		33/X DUE TO
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E. P.	,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY
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ASSI Cert Cert Cert Cert		20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH Ulife Either, NOTIFY MEDICAL EXAMINER!
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Sche Sche		20c TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (State) Hour e.m. White Not White Factory, street, office bldg., etc.)
Mine T		Hour e m. p.m. While Not While stactory, street, office bidg., etc.]
E to Dag		21. I certify that (I) (this hospital) attended the deceased from
XEC Subspanie		saw the deceased alive on
O Share		ATTENDING STAFF SIGNED
A A B		AD PHYS DIRECTOR PHYS S 3/3/62
2 2 X		NAME (TYPE DEVARD S. BECK MD. 71 FRANKLIM ST ANNAPOLIS MD.
Off Libert		238. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City, fown or county)
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VR A15 (4)	0	24 FUNERAL DIRECTOR SIGNATURE ADDRESS . 256. REGISTRAR 256. REGISTRAR'S SIGNATURE
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DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution; Residence before edmission) Anne Arundel Marvland Baltimore City MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Crownsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO X 624 W. Franklin Street 3. NAME OF Middle DATE Year DECEASED OF (Type or print) 3-#23224 Hollin DEATH William 10 19 62 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Male WIDOWED F DIVORCED | November 3 . 1898 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Virginia Chauffer U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nancy Roberts William Hollin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes no, or unkown) (Ifyesgive war or datas of service) Unknown Hospital Records 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Paralytic Ileus 2 days IMMEDIATE CAUSE (a) DUE TO Obstruction of Small Intestines days Conditions, fany, which Fecal impaction and gave rise to immediate cause days DUE TO (a), stating the underlying Old Peritoneal Adhesions PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[18] WAS AUTOPSY CERTIFICATION PERFORMED? YES 📆 NO 20a. ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of njury in Part I or Pert II of item 18) OR CONTRIBUTING CAUSE OF DEATH (State) 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, form, 20f. (City or town) (County) factory, street, office bldg , etc.) at work af work saw the deceased alive on 22b, DATE SIGNED ATTENDING DIRECTOR 22d. ADDRESS ldegard Heard Reissman, M. D. Crownsville State Hospital, Maryland 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, fown or county) REMOVAL (Specify) ARLINGTON NAT'L. CEM. ARLINGTON, VIRGINIA BURIAL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 [4] arthur S. Kraus 15M 7 61 DATEMAY



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH 7/21/62 twis I. PLACE OF DEATH USUAL RESIDENCE (Whare deceased lived, if Institution, Residence before admission) b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest town) APOITS a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita., give straet address) ON A FARMI .S. T. VAL MOSPITAL, ATTA, ID. YES NO TA 3. NAME OF First Middle DATE Month Year DECEASED OF DEATH (Type or print) 19 WIRGINI A AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. OR RACE 7. MARRIED NEVER MARRIED last birthday) Months FL ALE WIDOWED IX DIVORCED [10s. USUAL OCCUPATION [Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) UNITED SLATES HOLSEVEER please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 FLIZABETH JOHN ADAM JERSCHIEL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknwn) | (Il yes give wer or dates of service) ***)X 1/15 JOHY ADAM HOLDE INTERNAL BETWEEN 18. CAUSE OF DEATH [Entar only one cause per line (or (a), (b), and (c) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, it eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISEA SE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW NIJRY OCCURED, [Enter neture of injury in Part I or Part II of Iam IB 20a ACCIDENT WAS UNDERLYING [1 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stete) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) fectory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work 1962. 21. I certify that N (this hospital) attended the deceased from 9 May to 13 May 6219.62 that (I) (we) last 19.62, and that death occured et. 11.M. from the causes and on the date stated above. 22b, DATE ATTENDING MED. STAFF DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S HIS. (State) 23c. NAME OF CEMETERY OR CREMATORY 23d, ¿OCATION (City, lown or county) 238. BURIAL, CREMATION, 1 236. DATE THEREOF REMOVAL (Specify) \$ REC'D BY REGISTRAR | 25b | REGISTRAR'S SIGNATURE 24 AUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61 arthur S. Thank

VI AND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05354 CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where daceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel 42 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest lown) RURAL - Severna Park 15 davs Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital Box-417 YES NO X 3. NAME OF 4. DATE Day Year Middle Month DECEASED OF (Type or print) DEATH JACKSON 19 62 ANNTE May 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED B. DATE OF BIRTH AGE fin years HF UNDER I YEAR IF UNDER 24 HRS. -hday) Months WIDOWED [DIVORCED Female Negro March 20 physician 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 R RTHPLACE surity & State, or 1 of , country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, exert retired) U.S. Marvland attending pr 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodous White Annie Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewagordatesofservice) James W. Jackson-Box 417 Serverna Park. 183 the Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c).! INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ehv, which geve rise to immediate cause DUE TO (a), stelling the underlying cause lest. PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part | or Pert || of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED (County) (Stefa) fectory, street, office bldg., atc.) While Not While Hour a.m. at work at work p.m. 19.62 , and that death occured at ... saw the deceased alive on May 6. .M. from the causes and on the date stated above. 22n SIGNATUR DATE ATTENDING. MED. SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Gov. Ritchie Hgwy. NAME (Type) Severna Park. Robert R. Hahn, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stelle) å # o # REMOVAL (Specify) Burrial Carpenters Hill Serverna Park-Md 25a. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 7/61 DATE MAY 1 6 '62 alulun S. Hraus C.E.Hicks 111 Annapolis. Md.

requires that the

RYLAND STATE DEPARTMENT OF HEALTH



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	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05349
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY
in. Page files. Health,	* Anne Arundel County Maryland * STATE Maryland * COUNTY Anne Arundel
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If ar the Street the Street	(Type or print) Christian Johnson DEATH May 15 19 62
the South	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 14 Hours Months Davis Hours Manchel Davis Hours Hours Manchel Davis Hours Hours
ther deat 3 5 may de 2 with hours al	Male White WIDOWED DIVORCED .///5/1900 Lest birthdey) Months Deys Hours Min.
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d with formal.	Yes www / 579 145619 JAMES E. Payne Falls Church, Ud
then then then then then then the then then	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
ong ong ansit	PARTI DEATH WAS CAUSED BY: Acute carbon-monoxide poisoning ONSET AND DEATH
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Third wo	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW NURY OCCURED. (Enter neture of injury in Pert t or Pert to rem TB) PRIMARY [] or CONTR BUT NG [] Found dead in bed in kitchen - ma; have been defective
Short Short	PRIMARY LI or CONTRIBUTING LI (Found dead in bed in Kitchen - maj have been defective gas is Triberator
Figure 5.3	20c. T.ME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY, Home, form, 20f. (City or town) (County) (State)
Page of the state	20c. Time Of INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY, Home, form, 20f. (City or town) (County) (State) Hour e.m. 7 20d. INJURY OCCURRED 20c. PLACE OF INJURY, Home, form, 20f. (City or town) (County) (State) While Not While C fectory, street, office bldg., etc.) Residence ! Deale Anne Aruntel Md.
cate, cate, o the O.R.:	21. I certify that I took charge of the remains described above, held an Autopsy XX Inspection . Inquiry and in my opinion
発売を見る	death resulted from: Natural causes . Accident XX. Suicide . Homicide . Undetermined manner
OIC arden	CHIEF MEDICAL EXAMINER
g Div He	ACTUAL ASSISTANT MEDICAL EXAMINEROUX DATE BIGNED
Ecute be for RAL signate	DEPUTY MEDICAL EXAMINER
NERAL designal	EXAMINER'S Rudiger Breitenecker, M.D. Address (Street, city town, or county) May 15, 1962
DETA Base exe should t FUNE its desi	220. BURIAL, CREMATION, 22b. DATE THEREOF , 22c. NAME OF CEMETERY OR CREMATORY , 22d. LOCATION (City, lown, or country) (Stele)
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DYLAND STATE DEPARTMENT OF HEALTH

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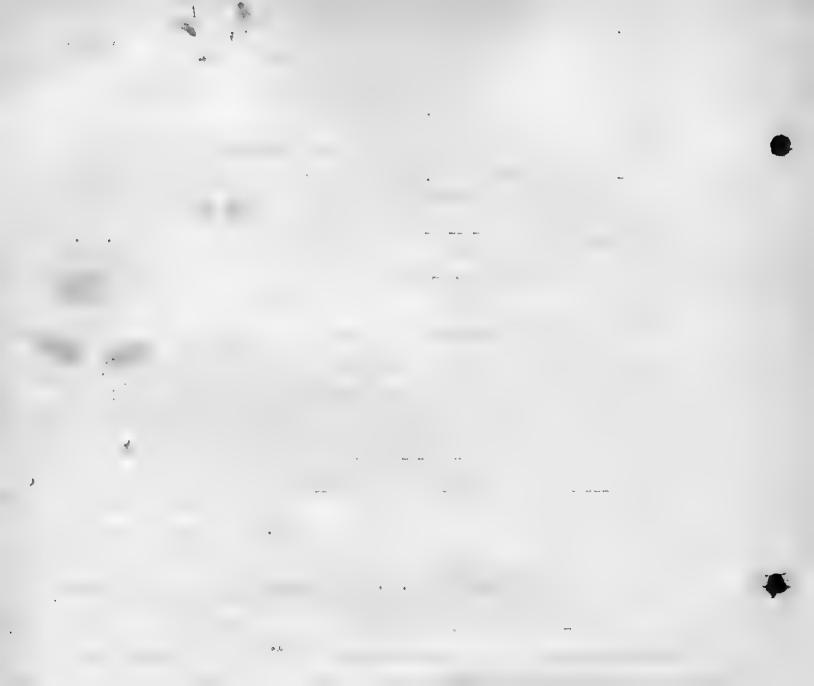
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY a. STATE **b.** COUNTY Anne Arundel MARYLAND Maryland Baltimore City b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporate limits, write RURAL and give peerest town) write RURAL and give nearest town) Crownsville 2 mos. 19 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO X Orem Avenue 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) 3-#23545 Wallace Keys DEATH 1962 and col 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. ď ast birthday) Months Days Hours Male WIDOWED Becember 17.1 Negro physician 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY B.RTHPLACE (County & Stat or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of warking fife, even if retired) U.S.A. Marvland Chauffeur 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Ignatius Keys Ida 215-10-2675 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive war or detes of service) Unknown Hospital Records 18. CAUSE OF DEATH [Enter on y one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Congestive Heart Failure IMMEDIATE CAUSE (e) DUE TO Myocardial Infarction gave rise to immediate cause DUE TO (e), stating the underlying Coronary Sclerosis and Thrombosis PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 'NO 20. ACC DENT WAS JNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Peri I or Peri II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 201. (City or lown) (State) (County) fectory, street, office bldg., etc.) MEDI While Not While el work at work (this hospital) attended the deceased from..... 21. I contify that that (I) (we) last deceased 22b. DATE 22/62 SIGNED ATTENDING MED STAFF DIRECTOR 22c. PHYSICIAN S 22d. ADDRESS NAME (Tyre) McHerry Mapp, M. D. Jonel Crownsville State Hospital, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) 0:5 BALTO. ST. PETERS 25a. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 [4] 15M 7 61 arthur & though

MARYLAND STATE DEPARTMENT OF HEALTH

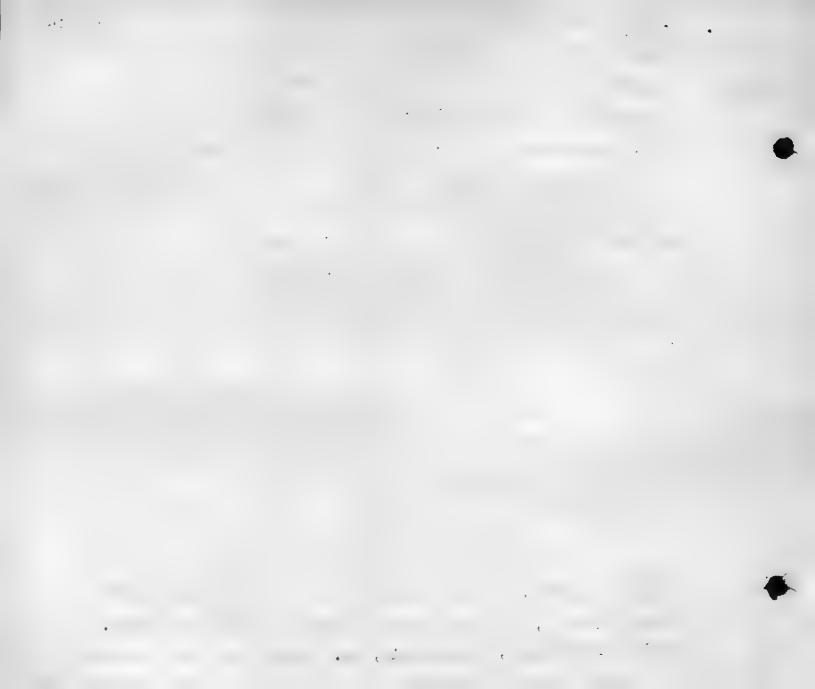


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☆ 予算級 人)	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town)	v ^a	tside corporate I mits, write RURAL and give nearest town)
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nd com	5. SEX 6. COLOR OR RACE 7. MARRI	FD NEVER MARRED S. DATE OF BIRTH	19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and carb	Female White WIDOW		lest birthdey) Months Deys Hours Min.
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es the real tree	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY:	the of Bankon for	INTERVAL BETWEEN ONSET AND DEATH
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DING by Affer I stached of Heal	20c. TIME OF INJURY Month, Day, Year 20d. While two	leNot While factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
OR: OR: opt.	21. I certify that (I) (this hospital) after	nded the deceased from Jame 50, 19.	19 to May 29, 1962 that (1) (wo) last
E SOLD OF SOLD			M, from the causes and on the date stated above.
RE IRE	220. SIGNATURE	ATTENDING MED	STAFF
O E O E	A. M. Me Janes	M.D. PHYS. DIRE	
with	22c. PHYSICIAN'S NAME (Type) R.M. Mech	aughter 3708 Mones	tany Rd. Pasaden a. Med.
HOS ath. FUN sctor filed	230. BURIAL, CREMATION, 23b. DATE THEREOF		3d. LOCATION (City, town or county) (State)
& FO BO	Burial June 2, 1962		Donnell St. Balto., Md.
VR A15 (4)	24 EUNERAL DIRECTOR'S SIGNATURE	and a section	4 162 Century L. Thous
15M 9/60	Morge & Monce 400	DI Ritchie Hwy. (25) DATE AN	- VE COMMI 2. / WANA
	George J. Gence		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If Institution; Resid nice tifere edimission) for. Per e. COUNTY cessary, or. Page a. STATE 6 COUNTY MARYLAND Florida Anne Arunde 1
b. CITY OR TOWN it outs de corporate ...mits, c CITY OR TOWN (If outside corporete imits, write RURAL and give nearest lown, E LENGTH OF STAY IN 16 Linthicum Few instants
d NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) ___ Fort Lauderdale IS RESIDENCE ON A FARM? YES NO Baltimore-Washington Expressway 2437 Okeechobee Lane Month Year DECEASED OF (Type or print) DEATH 19 May 30tl Lawson UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRED NEVER MARRIED est birthdey) Months | Days Hours WIDOWED DIVORCED TDa USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) East Pepperell, Mass.

14. MOTHER'S MAIDEN NAME Retired telephone engineer pages Give Pag Laura Pierce Roswell Lawson (= 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address permit. (Yes, no, or unkown) (Ifyesgivewarardatesofservice) Office along with burial-transit permi Mrs. Downy Lawson (wife) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Sudden s Office DUE TO Conditions, if any, which Diabetes (1) gave rise to immediate cause DUE TO (a), stating the underlying cause last. (c) PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO y 3 should 1 ior to bur 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part or Pert I, of Item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL ā 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home farm 20f, (City or town) 20c. TIME OF INJURY Month, Dev. Y ar (County) (Stelle) fectory, street, office bldg , etc.) While Not While Hour a.m et work at work OR: cute the certing cute the certing forwarded to the forwar 21 I certify that I took charge of the remains described above, held an Autopsy Inspection y Inquiry |v| and in my opinion Undetermined manner Accident Suic de Homicide I death resulted from: Natural causes . CHIEF MED CAL EXAMINER ustand 14 ASS STANT MEDICAL EXAM NER 5/30/62 DATE SIGNED should be for FUNERAL SIGNATURE. DEPUTY MEDICAL EXAMINER TO PO. EXAMINER'S NAME (Type) Address (Street city, town or county) Glen Burnie, Md. NAME (Type) Gustave H. Faubert, M.D. Addre 220. BURIAL, CREMATION, 226 DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 4 should O FUN Health 22d. LOCAT ON (City, lown, or country) REMOVAL (Specify) West Haven June_2.1962 Cemetery, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR YR A15ME Glen Burnie. 5M 1/62 arthur I France



after death. Page

law requires that the deoth certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



-	,	CERTIFICATE OF DEATH 05351 05355
era ould		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission
15 Ta 42	18 2	e. COUNTY Anne Amindal a. STATE Marriand b. COUNTY Anne Amindal
hou the date	M	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)
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etely pers. 72 ho		Anne Arundel General Hospital NAME OF S.E. YES NO X OF North Pay Year OF OF North Pay Year
xect pap		(Type or print) Bertha (Bertie) LOWMAN DEATH May 4 1962
e e e e e e e e e e e e e e e e e e e		5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
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ian.		18. CAUSE OF DEATH (Enter only one cause per Tipe for (a), (b), end (6).), ONSET AND DEATH
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A Para	·	ceuse last. (c)
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P P P P P P P P P P P P P P P P P P P		saw the deceased alive onMay 4. 1962, and that death occurred et
OH CHANGE		22a SIGNATURE 22b. DATE STAFF 22b. STAFF
74 7 8 d		MD PHYS. DIRECTOR PHYS. 3/6/62
S G N	1	NAME (Your)
So di Po		NAME (1998) A CHARD W/ CECER 121 Cathedral St., Annapolis, Md.
Chief Fig. 2		REMOVAL (Specify)
H L L	-	Burial May 7, 1962 Glen Haven Cemetery Glen Burnie, Md.
VR A15 (4) 15M 7 6I	1/2	The fifthers.
		Hopping and Kirkley Glen Burnie, Md. DAWAY 8 '62

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

ANNE ARUNDEL

U.S.

(County)

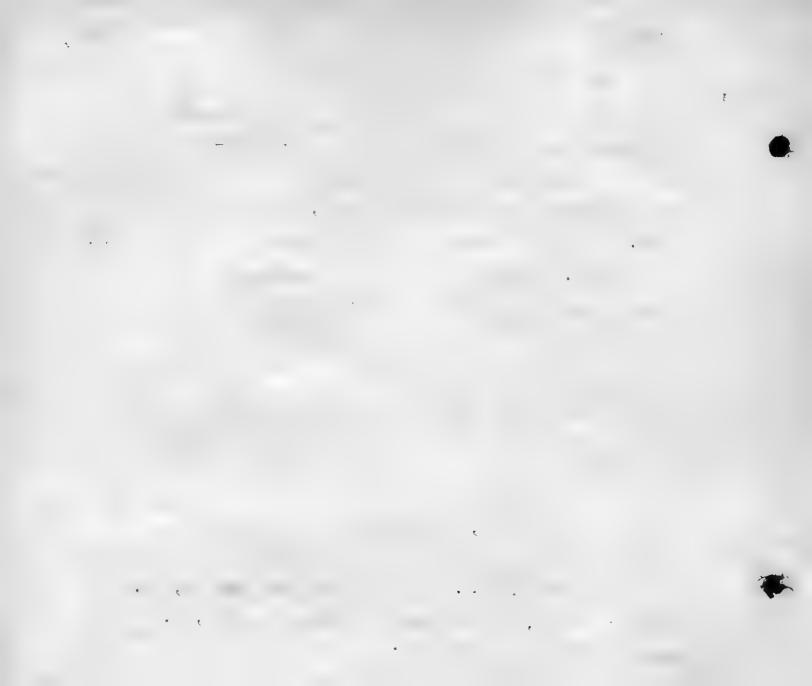
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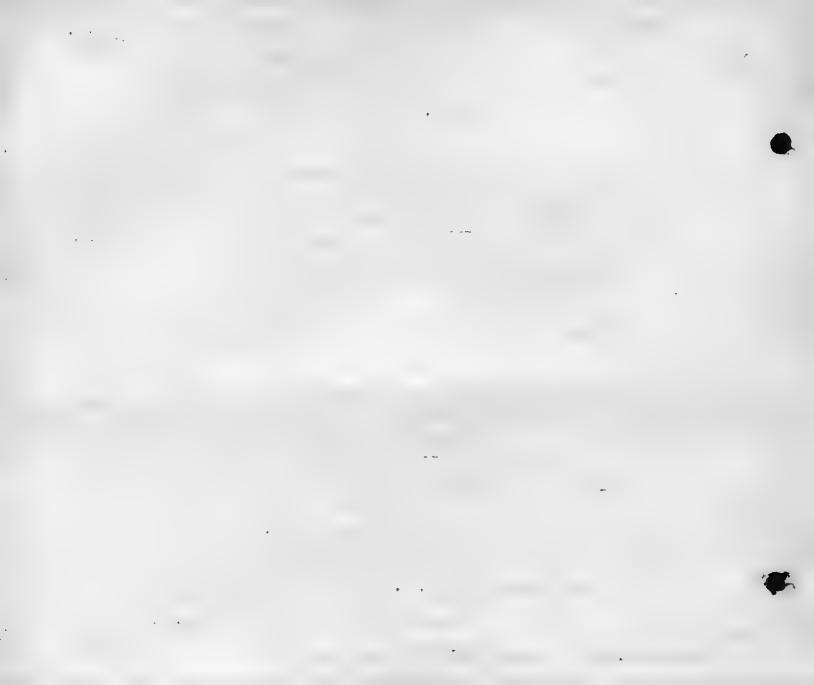
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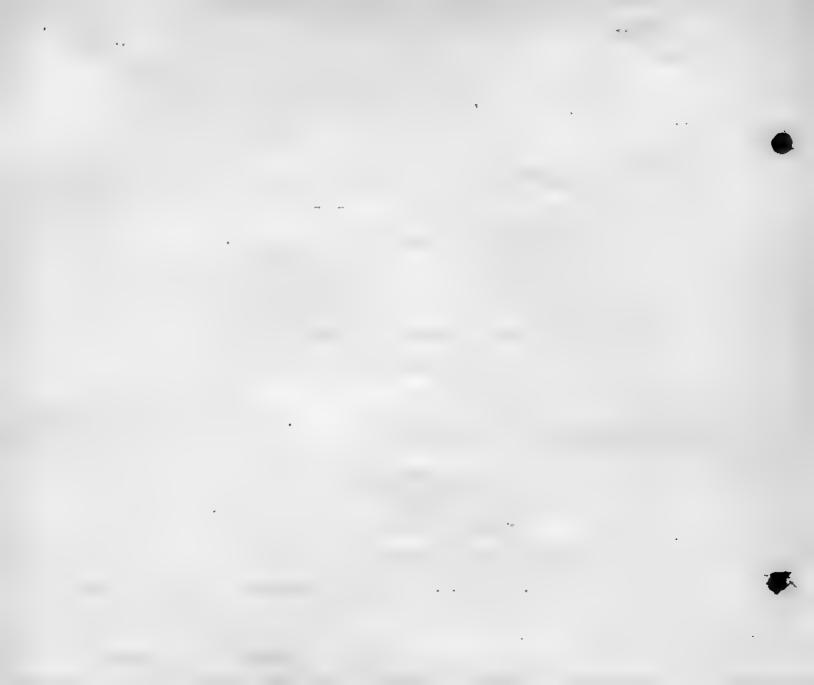
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			AND RECORDS, 301 W. PRESTON STR	
L -00	3	0990 9 C	ERTIFICATE OF DEATH	05357
黄 喜	4	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where	deceased lived, If institution: Residence before admission)
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hod the		b. CITY OR TOWN (If outside corporate limits.		orporate limits, write RURAL end give neerest town]
24 in 5 in 5		write RURAL and give nearest town) Crownsville 2 me	os.13 days Baltimore	2114
thin filled i Pages ars afte	10	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give		e. IS RESIDENCE
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and cor	T }	5. SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED B DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
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th og plants		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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the hen atter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SI (Yes, no, or unkown) ((Ifyesgivewerordetespiservice)	CURITY NO. 17. INFORMANT	Address
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ital ical as to t	0	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HONE OR CONTRIBUTING [] CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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RE RE		saw the deceased alive on f	62, and that death occured at P.M. fr	om the causes and on the date stated above
. T		220. XXXXX 8 // TASky	ATTENDING MED.	5/29/62 5/29/62
Page with the		22c PHYSIC AN'S	22d. ADDRESS	
4.00	- 1	NAME (Type) Lionel McHenry Mapp	M. D. Crownsville S	State Hospital, Maryland
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RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Anne Arundel General Hospital Epping Forest YES NO 1 completely 3. NAME OF 4. DATE Month Yeer DECEASED OF (Type or print) DEATH Charles MORGAN 19 62 and cor carbon 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In yours | IF UNDER I YEAR, IF UNDER 24 HRS. last birthday) Months White Male WIDOWED -DIVORCED physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & Stale, or foreign country) done during most of working life, even if setired) Washington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ald 6. SOCIAL SECURITY NO. 17. INFORMANT removal cian. Was Hospital Records 18 CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 12 Harris IMMEDIATE CAUSE (a) HYPERTENSION, ESSENTIAL Conditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0,1 19. WAS AUTOPSY GERTIFICATION 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter netyre of injury OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) While Not While Hour s.m. at work et work p.m. JAH 1862 10 JEMAY saw the deceased alive on.... 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS NAME [Type] Edward'S. Peck. M.D. 73 Franklin Street, Annapolis, Md._ 23a, BURIAL, CREMATION, | 23b. NAME OF CEMETERY OR CREMATORY 23d/LOCATION [City, town or county] RIMOVAL (Specify) 25a REC'D BY REGISTRAR | 756. REGISTRAR'S SIGNATURE ADDRESS VR A15 [4] 15M 7/61



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19. 19. 2	IAI	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negres) town)
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ctor	63	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO BO
our in		3. NAME OF DECEASED / First Middle Lost 4. DATE Month Day Year
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19 p		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
iges 1 le 5 m poges	T	CARY F. MUUDAY KATHERINE V. WILKINS
ve Pag Page File po	4	15. WAS DECEASED/EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, mo, or without) (If yes, give wor or dotter of service) (Yes, mo, or without) (Yes, mo, or without) (Yes, mo, or without) (Yes, mo, or without) (If yes, give wor or dotter of service) (Yes, mo, or without) (Yes, mo,
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Pier O		death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined couse .
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늘하다	2	220. BURNAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stota)
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	AFDICAL EXAMINER'S CERTIFICATE OF DEATH 10361
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If Institution; Residence before admission)
Page lies.	Anne Arundel Maryland Ahne Arundel
essary, r. Page files. Health,	b. CITY OR TOWN (if outside corporate I'mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs'de corporate Imits, write RURAL and g've neerest lown)
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Para Para Para Para Para Para Para Para	Old Gravel Pitt, 5500 Block, BelleGrove Rd 420 / #20 Holy Cross Rd.
funera funera sained t State B	3. NAME OF First Middle Last 4. DATE Month Day Year
the the retaine See See See See See See See See See S	(Type or print) Dennis Wayne Neilson Dearth May 6th 19 62
子 5 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. SEX 6. COLOR OF RACE T MARRIED TO MISSES MARRIED TO 1. 8. DATE OF BIRTH 9. AGE (In years IFF UNDER 1 YEAR) IF UNDER 24 HRS.
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The Bank	Attending shhool Cumberland, Md. Usa
PM3 PM3 PM3 PM3 PM3 PM3 PM3 PM3 PM3 PM3	
FO EEE E	William I. Neilson Sr. Virginia L. Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Pit. 18.	(Yes, no, or unknown) (Ityesgivewerardetesatservice)
em with sern	None William I. Neilson (father)
Die Green	PART I. DEATH WAS CAUSED BY:
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To rear rear rear rear rear rear rear rea	death resulted from: Natural causes Accident y. Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER
MED to the forward forward at DIR	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
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M 2 55 m	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (510-10)
0 5 4 0 9 0 5 4 7 1	Burial 5/9/62 Cedar Hill Cemetery Baltimore 25. Md.
H H (23 FUNERAL DIRECTOR 240, REGISTRAR'S SIGNATURE
VS. AISME	Hopping and Kirkley, Glen Burnie, Md. MAY 8 '62
EM 9'60	The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH



A	MARYLAND STATE DEPARTMENT OF HEALTH MIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15368
	1. PLACE OF DEATH a. COUNTY ANNE ARUNDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmydsion) b. COUNTY BALTIMORE
M)	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CROWNSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS
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	15. WAS DECÉASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RECORDS OF Address (Yes, no, or unknown) Illyes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for, (e), (b), and (c).] PART I. DEATH WAS CAUSED BY, A RERIOSCLEROTIC CARDIO-VASCULAR DISEASE RUSSIAND DEATH (MARCHISTE CAUSE (e))
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	21 I certify that (I) (this hospital) attended the deceased from 1/3.6/219
	22e. SIGNATURE ATTENDING MED. STAFF SIGNE 22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
	NAME (TYPE) L. BENEDICTM.D CROWNSVILLE STATE HOSTITAL
	236 BURIAL CREMATION, 236 DATE THEREOF 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION (City, lown or county) (State) REMOVAL (Specify) 5 - 24-62 Claves Oak Com. Forkier Co. Va. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	MORTON & DYETT 916 PENNA. AVE. DATE MAY 23 '62 Carlon & Kinns



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05363 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) p. COUNTY rector. Page your files, of af Health, b. COUNTY MARYLAND Anne Arundel Marvalandd Anne Arundel b. CITY OR TOWN III outside corporate simils, write PURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) Wien Baltimore 26 Few hours Glan Burnie dined for y d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Marley Creek 2121 Hawkins Roint Rd. YES NO [] 3. NAME OF Middle 4 DATE Month DECEASED (Type or print) DEATH May 7th 1962 Steven Nocar 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years TEUNDER LYEAR IE UNDER 24 HRS. Months 1894 WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Fisherman USA Baltimore . Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1.66651 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Mr. Anthony Butner (nephew) 4043 V Street, Brookly Ll World War 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden Accidental Drawning IMMEDIATE CAUSE (a) Office DUE TO Canditions, If any, which gave rise to immediate cause DUE TO (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IX 200 EXTERNAL CAUSE WAS PRIMARY ES OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) No eye witness, deceased was found floating on the Creek. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not white of work of work Hour a.m. Marley Creek Glen Burnie A.A. Unknown 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection K), Inquiry K), and in my opinian death resulted from: Notural causes 🗍, Accident 🔀, Suicide 🧻, Hamicide 🧻, Undetermined manner 🗍 Lunter At a when Drib. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER Glen Burnie. Md. Gustaye H. Faubert.M.D. NAME (Type) FUNI 220. BUR AL CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATIONLICity, Fawn, or county) (Stote) aleanal FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5th 2/57



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ih certificate physician a se remove in any event	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) None Rathmore H. Mother's Malden Name 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? Whene 14. MOTHER'S MAIDEN NAME
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E S S S S	21. I certify that (I) (this hospital) attended the deceased from 5 22 1957 to 6 4 1962, that (I) (we) last saw the deceased alive on 5 22, and that death occurred at 25M, from the causes and on the date stated above. 220. DATE
ATE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. A 22c. PHYSICIAN'S NAME (Type) Lean W. White ATTENDING MED. STAFF DIRECTOR PHYS. A SIGNED Crown S v, (le 5 Lle Ctosy) tal
TO HOST	238. BURIAL, CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 17 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a REC'D BY REGISTRAR'S SIGNATURE
15M 7/61	A. Mc & RIMMON 2 30 2 NORTH AVE DATE MAY 8 162 Chilling & Kraus
	Baltin



OF STATISTICAL RESEARCH AND RECO W. PRESTON STREET, BALTIMORE 1, MARYL 2. USUAL RESIDENCE (Where decassed I ved, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND b. CTY OR TOWN (if outs de corporata limits, c LENGTH OF STAY IN 16 outs da corporeta limits, write RURAL and give negrest town write RURAL and give namest town) a. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if bot in hospital, give street address) YES NAME OF Month Yası DECEASED DEATH (Type or print) 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS LOR OR RACE 17, MARRIED THEYER MARRIED DATE OF BIRTH last birthday) Months Davs Hours WIDOWED X 12. CITIZEN OF WHAT COUNTRY? USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR (NDJSTRY State, or foreign country) during most of working life, even if retirad) 13. FATHE ER IN U.S. ARMED FORCES? (Yes. 10. or unknown) | (If yes give wer or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on vione cause per line for (e), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 4 Books IMMEDIATE CAUSE (a) DUE TO geve risa lo immadiata causa DUE TO (a), stating the undarlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 208. ACCIDENT WAS UNDERLYING TI 1 20b. DESCRIBE HOW NIJRY OCCURED, (Enter natura of Interry in Part or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, strast, office bldg., atc.) While Not While Hour a.m. el work al work 21. I certify that (I) (this hospital) attended the deceased from. / FEB and that death occurred at John, from the causes and on the date stated above. 22b. DATE SIGNAT SIGNED ATTENDING DRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 238. BURIAL, CREMATION, | 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ELINERAL DIRECTOR'S SIGNATUR VR A15 (4) 1SM 9/6D

DEPARTMENT OF HEALTH



3 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
, de ,	05372 CERTIFICATE OF DEATH 05366
h certificate be executed within 24 hours after a physician and completely filled in by the funeral se remove carbon papers. Pages 1 and 2 should in any event, within 72 hours effections.	1. PLACE OF DEATH a. COUNTY Anne Arundel b. CITY OR TOWN (if outs de corporate limits, write RURAL and give neerest town) Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) 3. NAME OF DECEASED (Type or print) 3-#23529 Benjamin SEX COLOR OR RACE 7. MARRIED NEYER MARRIED
IXSICIAN: The law requires that the deat hospital or aftending physician. certificate has been signed by the attending v use as the burial-trans:t permit. Then plea prior to burial, cremation, or removal, and	Unknown 15. WAS DECEASED EVER IN J.S. ARMED FORCES? [Yes, no, or unknown] [Hyes givs war or deles of service] Yes Unknown Hospital Records 18 CRUSE OF DEATH [Enter only one cause par line for [a), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a). Arteriosclerotic Cardiovascular Disease UDLE TO Conditions, if any, which gave rise to immediate cause [a), stating the underlying DUE TO cause last. [b] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? YES NO RECONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY a. STATE MARYLAND Baltimore <u> Anne Arundei</u> Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Annapolis 32 Davs Towsen d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X 803 Trafalger Road U.S. Navai Hospital NAME OF DATE Month Middle DECEASED OF (Type or print) DEATH Parker PORTER Charles carbon IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years . IF JNDER 24 HRS. DATE OF BIRTH last birthday) Months Days Male Cauc WIDOWED [DIVORCED 19 JAN 1886 12. CITIZEN OF WHAT COUNTRY! 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) CDR USN RET Jefferson, Ohle USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Seeley Porter Fannle Travis Q. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) I (If yes give war or dates of service) WW-! & 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause fast. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office b dg., etc.) Hour a.m. While: Not White el work at work 21 I certify that (I) (this hospital) attended the deceased from 1.7. Apr 1.1. 1750 19.62 to 19. May, 1962, that (I) (we) last 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR 1962 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) U.S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND_ CAPT MC USN 23 NAME OF CEMETERY OR CREMATORY 1 23d. LOGATION (City, town or county) 73a. BURIAL, CREMATION, 1236 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7 61

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY 5. COUNTY Anne Arundel Maryland 4 4 7 Baltimore City MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Cromsville 2 mos.29 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE d. STREET ADDRESS ON A FARM? Crownsville State Hospital YES NO 1619 Druid Hill Avenue completely 3. NAME OF Middle DECEASED OF (Type or print) 3-#23141 H. 26 1962 James Posev DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH and last birthday) Months Male Negro DIVORCED WIDOWED [February 21, 1894 physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or loreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Unknown Marvland U.S.A. 13. FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME 2 Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT the Address (Yes, no, or unkown) | (Ifyesgivewer ordetes of service) Yes Hospital Records 18. CAUSE OF DEATH [Enter only one cause per une for (e), (b), and (c)] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Dageneration IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic Hypertensive Cardiovascular Disease gave rise to immediate cause **DUE TO** and Diabetes Mellitus (e), sleling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e, ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) Month, Day, Year fectory, street, office bldg., etc.) While Not While 19.62 that (I) (we) last the deceased from 0/20 to 0/20 that (I) (we) last 19.62, and that death occurred at 3.00 to 0/20 and on the date stated above. saw the deceased alive on..... 22b, DATE ATTENDING X PHYS. DIRECTOR 22d. ADDRESS NAME (1/4) Hildegard Heard Reissman, M. D. Crownsville State Hospital, Maryland 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, | 236. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) £ 5 25a, REC'D BY REG STRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1SM 7/61

EPARTMENT OF HEALTH



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O E D E			· Louis 9	, TUCKY TE	.D. PHYS.	DIRECTOR PHYS		SIGNE
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HOSP eath. FUNI lirector,		232	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION [City, town or county)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH

O PIXISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



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tely filled in by ers. Pages 1 after di	h eng	3	write RURAL and give neerest town) Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Anne Arundel General Hospital Rt. 2, Box 56 Rt. 2, Box 56 Anne Arundel General Hospital NAME OF First Middle	e. IS RESIDENCE ON A FARM? YES NO Year
and comple carbon paper,		5	DECEASED (Type or print) Charles O. PUMPHREY 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lest birthdey) Months Days	19 62 IF UNDER 24 HRS. Hours Min.
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HOSP eath.	1	2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)	, Maryland
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	120	_	Hopping and Karkley . Elen Burnie Md. DATE MAY 8 102 Chilling J. Fran	

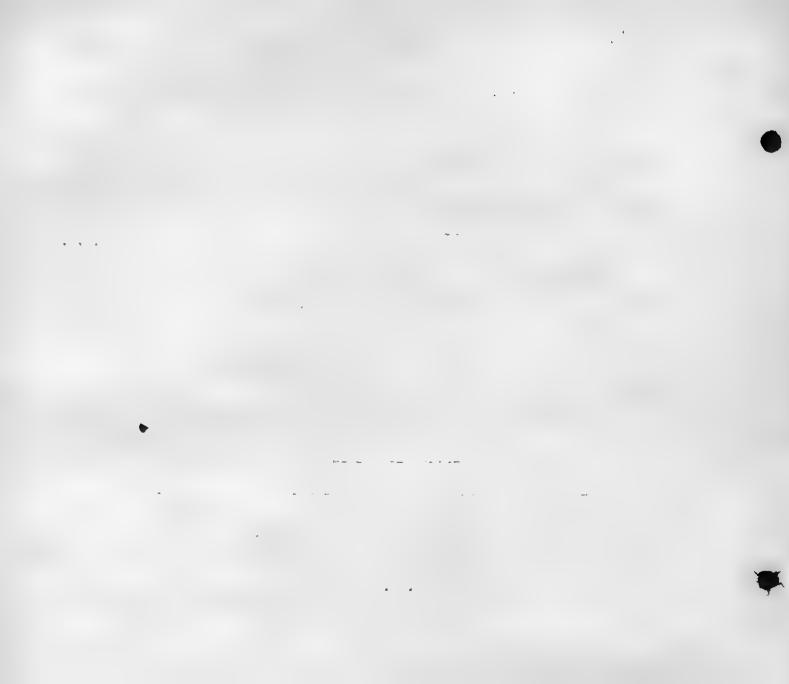


DIVISION OF STATISTICAL PESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hin 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY b. COUNTY m. STATE MARYLAND b. GITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN III outside corporate limits, write RURAL and give nearest Wwn) 2500 .⊑₹ d. NAME OF HOSPITAL OBMISTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? 10 00 YES NO completely NAME OF Day Yeer First Middle Lest 4. DATE Month DECEASED OF 3 BENSAMIN MEBSTOCK DEATH (Type or print) 10 6 within 5. SEX 6. COLOR OR RACE OF BIRTH AGE/In years LIF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and buthday] Months WIDOWED T DIVORCED physician se remove o 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, 8 RTHPLACE (County & Stote, office an country) done done most of working life, even if retired) ALDERTE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. INFORMANT Addiess aw requires that the (Yes, no, or winkown) (If yes a vewer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per fine for [e], (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hours IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which (5) gave rise to immediate couse DUE TO (a), stating the underlying cause last. ‡ PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CERTIFICATION USB BS PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enser neture of injury in Pert I or Pert II of item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH After this 3 20e. PLACE OF INJURY [Home, ferm, (Stete) 201. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bidg., etc.) While Not While MED Hour am. et work at work DIRECTOR p.m 1904 ... 19.05 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 6 19, and that death occured a.... ...M, from the causes and on the date stated above saw the deceased alive on... ... 22b. DATE 22e. SIGNATURE SIGNED STAFF DIRECTOR PHYS. PHYS M D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ATTHE MAIN FUN ector, filed CHATION, 235. 23c NAME DE CEMETERY OR CREMATOR 23d LOCATION (City, lown or county) E THEREOF 23a. BURIAL 0.5.8 258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE BUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7 61 L. Henry

ADVIAND STATE DEPARTMENT OF HEALTH



- 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
- 7am/		CERTIFICATE OF DEATH 0537	3
funera should	M)	PLACE OF DEATH a. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence be a. STATE Maryland Worcester	efore edmission)
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Sin 2	16	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	, IS RESIDENCE ON A FARM?
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the atter Then val,		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (lityes give were or detectors ervice)	
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nysici nysici ned ben t pen		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Paralytic Ileus	AND DEATH
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he la fendii been been rrial-t		gave rise to immediate cause (e), stating the underlying DUE TO	
N: Tor att		cause last. (c)	4 72
SICIAL ospital artificate ise as t	2	PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Part 11 of 1 am 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
the half this centre of for a			
NDING sined by St. After detache t. of Hea		20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg , etc.) (City or fown) (County)	(State)
OF Dep		21. I certify that (I) (this hospital) attended the deceased from 1/15	(I) (we) last
OR P		220 SHOWATURE /// HAD	224 DATE
L D T T T T T T T T T T T T T T T T T T	1	ATTENDING MED. STAFF PHYS. DRECTOR PHYS. D	17/62 1
22 22 27	1	22c. WHYSICIAN'S NAME (Type) Lionel McHenry Mapp, M. D. Crownsville State Hospital, Maryla	and
File file		36 (BURIAL, CREMATION, 23b DATE THEREOF / 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, from automaty)	(Stete)
Co Coo		ADDRESS ADDRESS AT 1250. RECO BY REGISTRAR 250. REGISTRAR'S SIGNATURE	11/C-
VR A15 (4) 15M 7 61		Security James Song Fineral Home BATE WAY 25 '62 Critima S. Kinns	
		Mashington 19, 200	



Mospetal OK Attentions. May A valued by the haspital or attending physician. DEFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, or FUNERAL DIRECTOR: After this certificate has been signed by the attended of a should be filled with page 3 should be detached for use as the burial remayal, and in any event, within 72 hours after death. The State Board of Health prior to burial, are mayor, and in any event, within 72 hours after death. ars after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 TO FUNEKY

VR A1S (4) 1SM 9/S9

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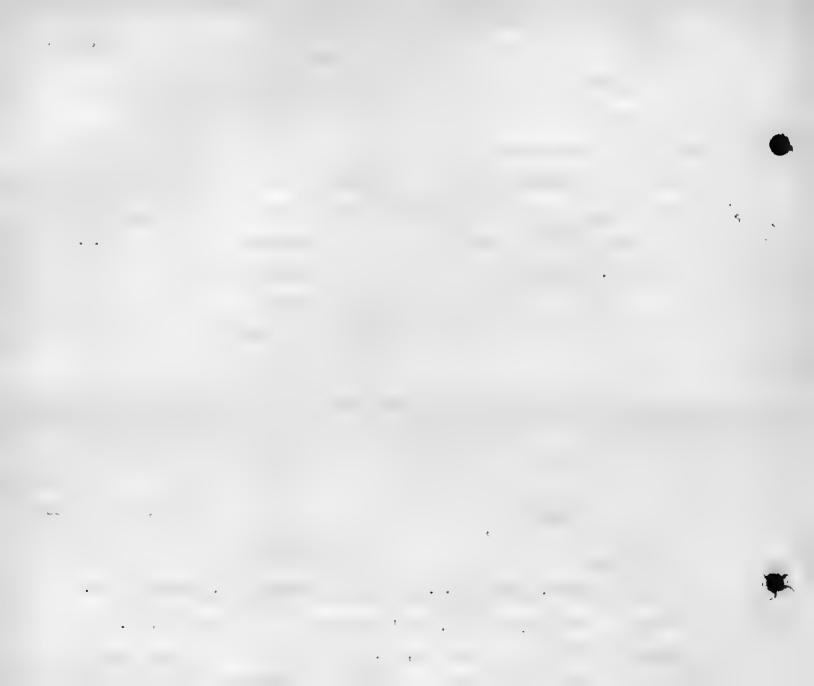
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05374

1	1. F	1. PLACE OF DEATH a COUNTY A 2. USUA a. ST.	A RESIDENCE (Where deceased lived. If institution: Residence before admission)
		Anne Arunde L MARYLAND	b. COUNTY A. A
	k	RURAL and give nearest town)	Y OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	_/	Holly and Severy On Das DOSYRAX	Severno Gark mich
		d NAME OF HOSTITAL (If not in haspital, give street oddress) OR INSTITUTION	REET ADDRESS e. IS RESIDENCE ON A FARM?
			Takey Coul YES NOT
		3. NAME OF DECEASED First O O Middle	Losy 4. DATE Month Day Yeor
	_	(Type or print) ZNE Whitelook Cag	F. BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	5. 3	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DAYES	lost birthday) Months Days Hours Min.
	10n	WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY, 11. E	IRTHPLACE (State of Toleran country) 12 CITIZEN OF WHAT COUNTRY?
	100	during mast of working life, even if retired)	B-2/1-1230 U.S.
	13 #	13 EATHER'S NAME 14. MO	THER'S MAIDEN NAME
-		James Obliged officer 27	De Comen
- /		75 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN	Address
	(۴۰)	(Yes/no. or unknown) 1 (If yes, give war or deles of service) 212-30-5645 Sozi	DIVER ROJESTER SAVERHA PARIS
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	C INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	emplifica O ONSET AND DEATH
		331 V DUE TO 0	
		Conditions, if any, which) (b) Seu- (20	hoselessel
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		lying couse last. (c)	
	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	FICA.	V .	YES NO
	CERTIFICATION		ature of injury in Port 1 ar Part II at item IB.)
			IJURY (Hame, form, 20f (City or tawn) (County) (State)
	MEDICAL	Hour o. m While Nat while factory, stree	t, office bldg., etc.)
	~	21 1 certify that (1) (this haspital) attended the deceased from.	5.6.120, to 1962 19 , that (1) (we) last
			curred at 1 AM, from the causes and an the date stated above
		ZZO SIGNATURE	22b. DATE
		1 Chest 1 1 Hall MD PHY	
		NAME (Type) DO - CITY D 1	ADDRESS O
		Joseph Hours	severna Jose mej
	23a	230 BURIA. CREMATION 236 DATE THEREOF 23C NAME OF CEMETERY OF CREMAT	
1		BURIAL 5/29/81 LOUGON PAR	K Saltimore
,	24.	24. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
-	77	HOMBRE IN HULD HORD WILKERS THE	DATE MAI - 3



E,	and the same	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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affe iner	0	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmiss.	ion)
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Y TO		Anne Arundel General Hospital 45 Madison Place	
lete Per		3. NAME OF first Middle Last 4. DATE Month Dey Year DECEASED OF	د
mp mp		(Types or print) Magdelane ROBINSON DEATH May 13 1962	
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the afte ithen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	
frat frat fra tr. 1		no no no hone Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN	
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Fig. Fig. 8		Z 20c. T ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, '20f. (City or town) (County) (State)	,—
A A A Seta		ZOc. TME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State) Hour s.m. While Not While at work at work at work	
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144° 5		M.D. PHYS. DIRECTOR PHYS. 1	2
P S S		22c, PMYSICIANS NAME (Type)	
No of P		Frank M. Shipley, M.D. 121 Cathedral St., Annapolis, Md.	
Heet Fried irect		238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
Paca d	7	Burial May 16, 1962 St. Mary's Cemetery Annapolis, Md.	
VR A15 (4)	1.15	24 HINERAL DIRECTOR'S, SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAY 1 8 '62 Carring 8 Thomas	
10111 7701	15	Hopping Funer Annapolis, Md. DATE WAY 18 '02 Carling & thouse	



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 05382 CERTIFICATE OF DEATH 05378 funeral director, uld be filed with PLACE OF DEATH 2 USUAR RESIDENCE (Where deceased lived. If institution Residence/before admission) · COU b. COUNTY MARYLAND OR TOWNAIF outside corporate limits, write and give begrest town c. LENGTH OF STAY IN 16 c CIPLOR FOWN (If outside corporate limits, write RURAL and give negrest town) ELBAN H shauld OF HOSPITAL (If not in pospital, give street addiess) e. IS RESIDENCE ON A FARM? rakcis ursino Hom YES I NO X NAME OF Middle 4. DATE DECEASED DEATH (Type or print) SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Doys WIDOWED 1 DIVORCED | 10a LSIML OCCUPATION/Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) Granite. Md. U.S.A. 13. FATHER'S NAME 14. MONHER'S MAJOEN NAME 2115 Je Fr IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Address 18. CAUSE OF DEATH [Enter only one cause per tipe for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO couse (o) stating the underlying couse lost. BUT/NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 17 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 70b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) foctory, street, office bldg , etc.) Haur a.m. While Nat while ot work at work p. m that (1) (this haspital)/attended the deceased fram. that (1) (we) last and that death accurred at saw the deceased a M, from the causes and an the date stated above M D PHYS STAFF MED DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type 230 BLRIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) page the Sta A.M.E. Granite, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256 REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR Combus S. Threes Charles R. Law 802 Mad. Ave., Balto., Md. '62 DATEMAY 7 1SM 9/S9

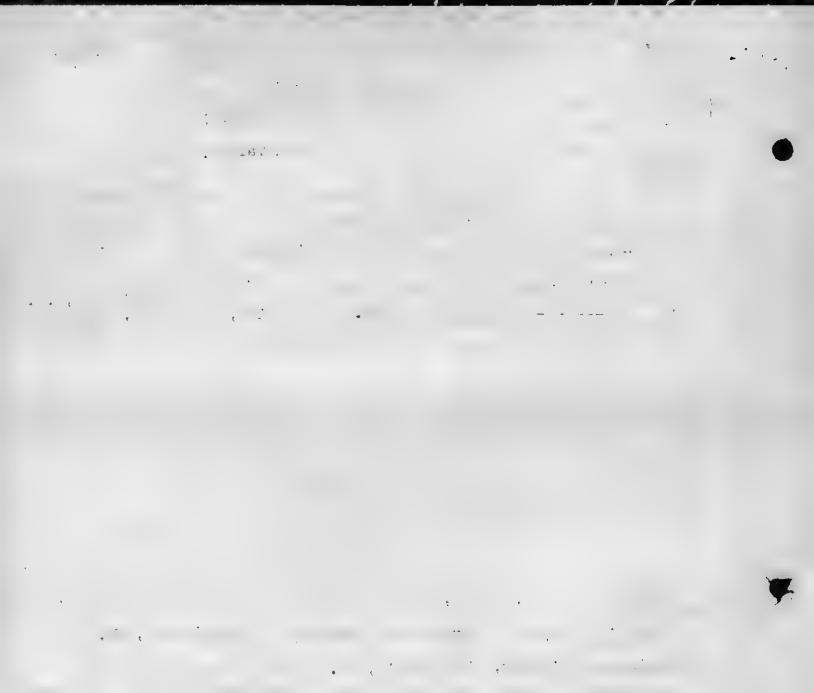


30		PIXISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
# 10.10	_	CERTIFICATE OF DEATH 05379	
affe	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before adm e. COUNTY e. STATE b. COUNTY	ssion
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T Year and)	(Type or print) Emil A. Schanken DEATH May 18, 1962 19	
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ath ing p ease d in	- "	Charles Schanken Bertha Sandusky	
endi endi		5. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	-
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s that an. A thur the trem rem	1-	18. CAUSE OF DEATH [Enter only one cause per line for ,a) (b), and (c).]	
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TET Teta		21. I certify that (1) (this hospital) attended the deceased from 19.54 tollby 19.54 tollby 19.54 that (1) (w	
		saw the deceased alive on Illery 1962, and that death occurred a A.M. from the causes and on the date stated a	_
OB DIR			SIGNE
H T B C T		22c, PHYSICIAN'S 22d. ADDRESS PHYS. DIRECTOR PHYS. 3/18/62	
Will Will		NAME (Typo) K. M. Me Lace gh low 3708 Mountain Rd. Pasadena, Ma	
Fig.	23	30. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Store	·) =
Ogoga C	B	Burial May 21,1962 Glen Haven Memorial Glen Burnie, Md.	_
VR A15 (4)	. [4 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE	
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1	302		MARYLAND STATE DEPARTMENT OF HEALTH	DE 1 MADVIAND
"	1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	05380
s after funeral should			PLACE OF DEATH 2. USUAL RESIDENCE (Where deceated lived, if in:	
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운 두 만	IVI		b. CITY OR TOWN (if outside corporate limits, write if write RURAL and give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write if years)	RURAL and give nearest town)
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es the	<u>ē</u>		PART I. DEATH WAS CAUSED BY: Bronchopneumonia	ONSET AND DEATH
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F 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2		21. I certify the (1) (this hospital) attended the deceased from 1920, to 1920, to 1920, to 1920, saw the deceased alive on 21.5/28 15.02, and that death occured 21.5.00, from the causes a	
R P P	že z		22a SIGNAVAR	22b. DATE
OEDE	e e		M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	5/28/62
a be	€ /		22c. CANSICIANS NAME (Type) Tight Market Mar	ol Manuland
N. S. S. S.	> / 당	_	DADMET MCHELLY Backly M. D. OLOWINSTILLE DECAS HOSPE.	
death death direct	≡	23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, low)	n or county) (State)
HH	0	-	EINMEAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
VR A15 (4	× 13	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	arthur S. Kraug
, , ,	8	Ļ	6 ay June 1	



. 11 ,	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	5385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05381
HEAETH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission as COUNTY as STATE b, COUNTY
A Sa	hne Arundel Maryland California
v . –	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 7b c. CITY OR TOWN (if outside corporate kmits, write RURAL and give nearest town)
director.	Linthicum Few minutes Fer' y Berkeley 43x 3
y alog	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENT ON A FARA
uner ned are th.	Frienship Airport 3. Name of First Middle Last A. Date Month Day Year
he fine feral etail	OF State of the Control of the Contr
h the the	Olarence artnur onuev May / May /
deaf	last birthday) Months Days Hours Min,
To T	M WIDOWED DIVORCED 78/81 87 yrs. 100. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI
8 - 8 EZ	done during most of working life, even if retired)
Line P. P.	Attorney California USA 13. FATHER'S NAME 14. MOTHER'S MADEN NAME
V.P. P.	Police Characteristics
E E E	
7 18. 18. V	(Yes, no. or unknown) (If yes give we ror detectors of service) Washington. D. C.
Hem With perm	Adm. Allen Shinn, 3038 0 St. NW 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).]
in la	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTONARY Occlusion Sudden
Purcipal Pur	4201 DUE TO
uria Serial	Conditions, if any, which \ (b)
sho s s s o b b	gave rise to Immediate causa
ndir iner d as	(a), stating the underlying Course last.
war war on o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPED PERFORMED.
ord ord Earl Earl Earl Earl Earl Earl Earl Earl	YES NO
adica ould	YES NO [20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
TEN S Sh Trial	
MIN Chie	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
XAI be w. w The u	Z p,m, 19 al work al work
O to Direction	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
CA ded ded fent, ent,	death resulted from Natural causes 🗶. Accident 🗍, Suicide 🗍, Homicide 🗍 Undetermined manner
Mary War	CHIEF MEDICAL EXAMINER
To T	ACTUAL SIGNATURE Questions Ht submit ht M.D. ASSISTANT MEDICAL EXAMINER []
Production of the security of	EXAMINER'S DEPUTY MEDICAL EXAMINER 5/7/62
DEFCE M ease execute should be fo FUNERAL its designate	NAME (Type) Gustave H. Faubert, M.D. Address (Street, city, town, or county) Glen Burnie, Md. 220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, town, or country) (State)
Should should be rited	REMOVAL (Specify)
5 g 4 5 g	Cremation 5/8/62 Greenmount Cemetery Baltimore Ma
VS. AISME	
SM 9160 75	Hopping and Kirkley, Glen Burnie, Mi. DATEMAY 8 '62 Color & House



4.9		SEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND	
T 0 5	05386	CERTIFICATE OF DEATH	05382	
FRA	I. PLACE OF DEATH	CT. VC . 3.4	CE (Where deceased fived, If institution, Residence before admis	sion)
(IVI)	Anne Arundel	Maryland Maryland . SIATE Mary	yland b. COUNTY	1
95	b. City OR TOWN ('I outside corporate limits, write RURAL and give nearest town)	E. LENGTH OF STAY IN 16 E. CITY OR TOWN	If outside corporate limits, write RURAL and give nearest town)	
- 15 · ·	Glanhurnia	14 years Glei	nburnie	
i , , , , ,	d NAME OF HOSPITAL OR INSTITUTION (If no	it in hospital, g.va street address) d. STREET ADDRESS	e, IS RESIDE	
	Nabbs Creek Roa	a Box #159 Nabb	s Creak Road YES NO	Ť
	3. NAME OF First	M ddle Last	4 DATE Month Day Yaar	-72
	(Type or pant) Barbara	0 Silensbas	DEATH May 30 19 6	2
		MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 I	IRS.
	771 7	DOWED M DIVORCED Dec. 4, 18	16 last birthday) Months Days Hours M	ir.
	10a. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE ,Cou		ATRY
	House wife	retired Lithua:	nia Lithuani	a
	13. FATHER'S NAME	14. MOTHER'S MAIDEN		
(T	\ Deceased		Deceased	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	_
	(Yes, no, or unkown) (Ifyasgivawarordatasofsarvi	None Records		
	18. CAUSE OF DEATH [Enter only one ca.		INTERVAL BETWEE	
	PART I DEATH WAS CAUSED BY:	Coronary Theron logio	ONSET AND DEAT	Н
	420 / DUE TO	Coronary Throm lovis arterior cluster C.V. d.	- /	
	Conditions, if any which \ (b)	artiron cluthe C.V. de	164-	
	gave rise to immadiata causa			
- ~	(a), slating the underlying DUE 10 cause last.			
		NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	NAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTO	P5Y
	PART 1. OTHER SIGN. FICANT CONDITION E 208. ACCIDENT WAS UNDERLY NG 20 OR CONTRIBUTING CAUSE OF DEATH Officer there, NOTIFY MEDICAL EXAMINER)		PERFORME YES NO	
	20a. ACCIDENT WAS UNDERLY NG] 20	DESCR BE HOW INJURY OCCURED. (Enter nature of injury in	Part I or Part II of Item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	S 20c. TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, far		a)
	20c. TIME OF INJURY Month, Day, Year Hour a.m.	While Not While factory, street, office bldg., etc	··· /	
	P	attended the deceased from	19.5.3, 10	las
	saw the deceased alive on		7.1.M, from the causes and on the date stated at	
	22a. SIGNATURE	. 1	22b. DA	ATE
	1 An Cy 6 - 2h		MED STAFF DIRECTOR PHYS.	GNE
1	ZZe. PHYSICIAN'S	22d. ADDRESS		
1	NAME (TYPE) STONEY	OF FEHLERT 4700	I enning on W.	
	238. BURIAL, CREMATION, 236. DATE THEREO	F 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (Stata)	
	REMOVAL (Spacify)	1962 St. Stanislaus	Dundalk, Maryland	
4	ONERAL DIRECTOR'S SIGNATURE		C'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
1	Charles W. Kachaus	cas 637 Wash. Blvd. Market	IN 4 162 Orthur & Hamed	
1 1/	- ATTENDED THE THEOLOGICALISM			



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If Institution: Residence before edmission) a. COUNTY **b.** COUNTY MARYLAND Some Arrendel Maryland Anne Arundel b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town) write RURAL end give neerest lown) Galesville Galegville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Z completely NAME OF Middle DATE Month DECEASED OF 196 (Type or print) DEATH RACE 7. MARRIED NEVER MARRIED AGE (In years INF UNDER I YEAR IF UNDER 24 HRS. and last birthday) Months | DIVORCED _ Sept 12, 1884 W DOWED 10e. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ret. Carpenter USA Construction Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Smith Betty Waysen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address [Yes, no, or unkown] [Hyes give we ror detes of service Mrs Edward F. Mauk- Daughter- same 18. CAUSE OF DEATH Enter only one cause por line for (e), (b), end (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 8 2 PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, ferm, 2Df. (City or lown) Month, Dev. Yeer factory, street, office bldg , etc.) While Not While Hour e.m. el work et work io.m. 1961. to May 29 1962 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from July. saw the deceased alive on /4 au 62, and that death occured at 5..AM, from the causes and on the date stated above. ATTENDING 72a. S GNATUR SIGNED STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN LOCATION (City, town or county) (Stele) 238. BURIAL, CREMATION, 1 236. DATE THEREOF OBA REMOVAL (Specify) Woodfields Cemetery Galesville Burial May 31.1962 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S AIGHATURE 24 FUNDRAL DIRECTOR'S SIGNATURE **ADDRESS** VR A1S (4) DATE JUN 15M 7/61 Annapolis, Md.

ithin 24 hours after

5 .

MARYLAND STATE DEPARTMENT OF HEALT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BACK WANTELAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, It Institutions Residence before admission) a. COUNTY b. COUNTY Anne Arundel 문안 MARYLAND Marvland Anne Arundel b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate firmits, write RURAL and give nearest town) write RURAL and give nearest town) Min. Glen Burnie Annapolis filled in Pages, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? YES NO YO 1112 Leonard Drive Anne Arundel General Hospital completely 3. NAME OF Last 4. DATE Month DECEASED OF (Type or print) DEATH SOLLEY 19 and cor carbon it, within S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR) lasi birthday) Months WIDOWED -Male physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & State or lore on country! done during most of working life, even if mined) U.S. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Buren Elsworth SOLLEY Jacqueline Ellen Smeltz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no. or unknown). (If yes give war or detay of service) No Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), -INTÉRVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediata cause DUE TO (a), slating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118. 19. WAS AUTOPSY CERTIFICATION PERFORMED? REMATURIT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, (State) Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Not While WED Hour a.m. While at work at work 1963 10 5. 1962 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from......... 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS Havmond P. Srsic Balto-Anna, Blvd., Glen Burnie. FUNE 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) \$ 6 # 2 5/4/62 Maryland Anatomy Board Baltimore Mei. **ADDRESS** 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE MAY 1 6 ISM 7/61 arthur & thous



, _ d	5389 CERTIFICATE OF DEATH
M	1. PLACE OF DEATH a. COUNTY Anne Arundel 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission b. COUNTY b. COUNTY Anne Arundel MARYLAND Anne Arundel
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest fown)
63	Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS on A FARM
	Anne Arundel General Hospital 9 Acorn Drive YES No Day Year Deceased No Day Year
	Type or print Helena B. (Lockett) SOWERS DEATH May 15 19 62
	Female White WIDOWED DIVORCED May 11, 1900 62 yrs. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired)
	House wife own home Maryland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
I	Thaddous Lockett Mary Ellen Britton 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyses give war or dates of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (a, (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying (c) Cause last. Cause of DEATH [Enter only one cause per line for (a, (b), and (c).] Arlews relevant feature PART I. DEATH WAS CAUSED BY: ONISET AND DEATH ONISET AND DEATH Arlews relevant been discussed (a), stating the underlying Cause last. (c)
***	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,a) 19. WAS AUTOPED PERFORMED. 20a. ACCIDENT WAS UNDERLYING 1. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of item 1B.) OR CONTRIBUTING 1. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.] (County) (State) While Not While at work at work
	21. I certify that (I) (this hasoital) attended the deceased from. 10 vev. 19.01, to May 15.,, 1962, that (I) (20) is saw the deceased alive on. May 15.,
	22c. PHYSICIAN'S PHYS. ATTENDING MED. STAFF 22c. PHYSICIAN'S 22d. ADDRESS
1	NAME (Type) GENTA O (NO ALL . 121 Cathedral St., Annapolis, Md. 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Slein)
2	REMOVAL (Specify) Burial May 18, 1962 Codar Bluff Cometery Annapolis Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 256. REC'D BY REGISTRAR'S SIGNATURE MAY 2 1 '62 Colling S. House
1 11/2	Hopping Funeral Home Annapolis, Md.



1.	MARYLAND S OLIVISION OF STATISTICAL RESEARCH AND CERT	TATE DEPARTMENT OF RECORDS, 301 W. PRESTON	HEALTH STREET, BALTIMORE 1, MARYLAND
DAI	000390 CERT	TIFICATE OF DEATH	05386
XV.	I. PLACE OF DEATH a. COUNTY	14 6/1/62 1WK 2. USUAL RESIDENCE	(Where deceased lived, If institution; Ras dance before adm.ssion
2 *		a. STAN	Anne Arundel
after deatl	bCITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Annapolis Ame of Hospital or Institut On (if not in hospital, give street	of STAY IN 16 . CITY OR TOWN (II o	outside corporeta limits, writa RURAL and give nearest town)
2		1	ON A FARMI
ithin 72 hou	DECEASED	SUONTEK	DATE Month Dey Yeer OF DEATH May 22 19 62
avent, w	Female White WIDOWED D.V. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	SS OR INDUSTRY 11, B RTHPLACE County	& State, or foreign country) 12. CIT ZEN OF WHAT COUNTR
n any	House wife own hom	irginia 14. MOTHER'S MAIDEN NA	USA AME
I	William H. Sutphin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECUL (Yas, no, or unknown) (Iffyesgiva werordelesofservice)		Address
remov	18. CAUSE OF DEATH [Enter only one cause per line tog (e), (b),	and (c).] Mr. John Swontek	- Husband same as # 2
٥ .	PART I, DEATH WAS CAUSED BY:	nory hea	at disease
ation	40, DUE TO	U	2
Le L	Conditions, if any, which (b)		A second
, c	(a), stating the underlying DUETO		
, co	couse lest.		

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day Yeer factory, street, office bldg., etc.) Hour a.m. et work at work p.m. (this hospital) attended the deceased from. And that death occurred at 177, M, from the causes and on the date stated above. 1962 SIGNED 22a, SIGNATURE DIRECTOR 22d ADDRESS ?2c. PHYSICIAN'S NAME (Type 45 Franklin Street, Annapolis, Edith Rodler 23d. LOCATION (City, fown or county) 238. BURIAL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) | Hillcrest Memorial Annapolis, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE Annapo'is, Maryland Cotton & How



1		MARYLAND STATE DEPARTMENT OF HEALTH
	1	05391 CERTIFICATE OF DEATH 05387
		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed leved, if institution Residence before admission) a. COUNTY b. COUNTY
24 hour by the land 2 sectorally.	5)	Anne Arundel b. CITY OR TOWN (if outside corporate fimits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
filled in Pages	7	Annapolis d. Name of Hospital or Institution (if not in hospital, give street address) Anna Arrandel General Hospital Anna Arrandel General Hospital
mpletely papers. in 72 ho		Anne Arundel General Hospital Name of Deceased Anne Arundel General Hospital Date OF Name of Deceased Tasker Deceased Date OF North OF Deceased Tasker Death May 3 19 62
od co rbon with		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
tificate t sician an move ca y event,		Male Negro WIDOWED DIVORCED May 3, 1962 yrs 2 Os. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
ath cer ing phy ease rei d in any		3. FATHER'S NAME Maryland 14. MOTHER'S MAIDEN NAME
Then plandi		Mack Samuel Calloway Heneritta Tasker 10 Nabelle Ave., S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Annapolis, Md.
ss that ian. by the mit.		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] HOSPITAL PECORDS INTERVAL BETWEEN ONSET AND DEATH
aduire hysic ned I sit pe		IMMEDIATE CAUSE (e)
aw re ing p in sig		Conditions, if any, which (b)
The 1		gave rise to immediate cause (e), stating the underlying DUE TO
IN: or 2 the ha	,	cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY
SICIN Spital Spi	(PERFORMED
PHYS the horthis certain		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Port I or Part II of Ilam 18.] OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER]
ained by R. After detach		20c. TIME OF INJURY Month, Day, Yeer Place OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work et work to the work to the state of
CTO Tel be		zi. I certify that (I) (this hospital) attended the deceased from 19
OR JORE Shou		saw the deceased alive on
AL AL		M.D. PHYS. DIRECTOR PHYS. 3/3/6
DSFITA In Talk Ior, page ed with	1	NAME (Type) A T ALCEN Cathedral St., Annapolis, Md.
death direct direct be file		BENIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d JOCATION ICITY, town or country 1 1500 100 100 100 100 100 100 100 100
VR A15 (4)		PADDRESS JOSE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
15M 7 61		Valliam Reese # Conta, Mare MAY 15 '62 Circlus & Kroma



1.	Y	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	AND THE PERSON NAMED IN	05392 CERTIFICATE OF DEATH 05388
s affer funeral should		1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where decessed lived, if rist, tution; Residence before admission
urs of the state o		Anne Arundel Maryland 6. COUNTY Anne Arundel
4 ho by th and death	IVI	b. CITY OR TOWN (Fouls de corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town)
N c- k		_ Pasadena 3 yrs. X Pasadena (Bayside Beach)
filled in Pages ars afte	X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM
≥ ,, ₫		Linthicum Read YES NO S 3. NAME OF First Middle Last 4. DATE Morth Dey Yeer
mplete papers n 72 h		(Type or print) John Edward Towner Jr. OF DEATH May 19. 1962
× = -/-/	T	5. SEX 6. COLOR OR RACE 7. MARRIED T I B. DATE OF BIRTH 9. AGE (In yoors I I UNDER 1 YEAR IF UNDER 24 HRS
and co		Male White WIDOWED DIVORCED Feb. 26, 1904 58 yrs. Months Deys Hours Min.
ficate ician a ove ca event,		10e. USUAL OCCUPATION [G ve kind of work done during most of working life, even if retired] 10b. KIND OF BUSINESS OR NDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
certii hysi rem any		Maintenance Man Balte. Thansit Maryland U. S.
ath ng p ease d in		
endi n pla		John Edward Towner Nancy Lee Benson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
f the The The oval,		(Yes, no, or unkown) [[[yesgivewerordetesofservice]] 213-10-2886 Mrs. Catherine Tewner Same
s tha an. y th mit. rem		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] [INTERVAL BETWEEN ONSET AND DEATH
ysici ysici ad b		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Glores due d'Carconoma 1-110
red physical		199X DUE TO
law ading een s		gove rise to mmodiate couse
The alter as buring al, c		(e), stering the underlying DUE TO weedle termine of, believed to be paracreas
the puri	1	
ICII Spita Hifica 8 as	U	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO
r us		20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH III FITHER, NOTIFY MEDICAL EXAMINER)
this ad fo		UF EITHER, NOTIFY MEDICAL EXAMINER)
Affer Affer Fache		Hour e.m. While Not While factory, street, office bldg., etc.]
END laine B		
E P D A B		21. I certify that (I) (this heapital) attended the deceased from 5
RE State		22e. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNATURE
147° =		1. In the Freeholder MD PHYS. DIRECTOR PHYS. 5/21/6
Page 4	- 1	22c. PHYSICIAN'S NAME (Type) The Million of the Sandana A
HOSP ath. Frunce Frunce filled	1	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
death. director be filed		REMOVAL (Specify) Burial May 22, 1962 Hely Cress Genetery Ritchie H.w. A. A. Co., Md.
VR A15 (4)	1	24 DINERAL DIRECTOR'S SIGNATURE ADDRESS 256, REC'D BY REGISTRAR'S SIGNATURE
15M 9/60	W.	Marry Mones 4001 Ritchie Hwy. (25) DATE MAY 23 '62 Cother S. House
	6.	George J/ Gence

4.4



05393

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

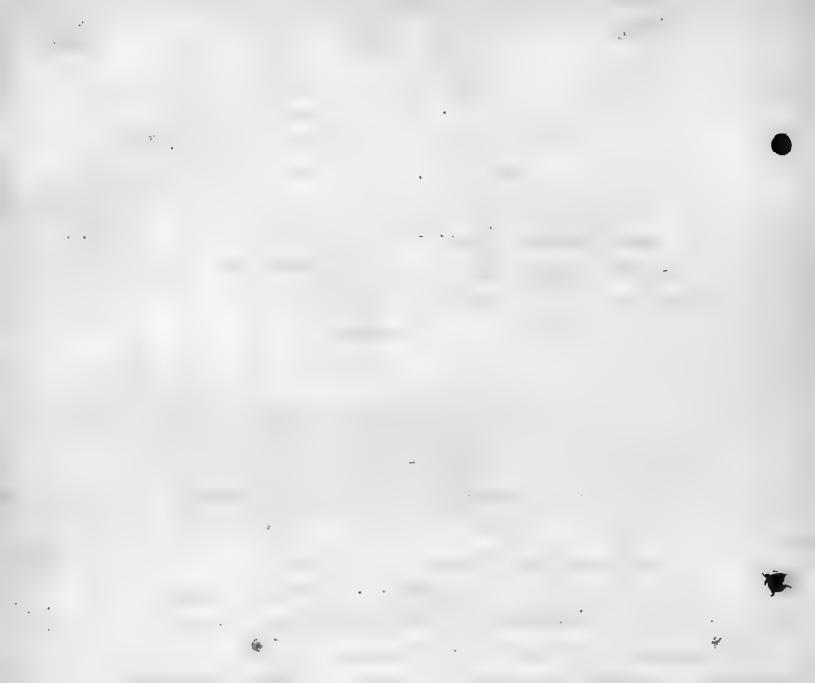
05389

											Key. Di	DI. 110	*		
1, PLACE OF DEAT	1	7	4.1	43.40	VI ALIO	2. USUAL RE				If Institut	r		ore admission)		
travers dracdway MARYLAND							Maryland Anne Arundel								
b. CITY OR TOWN (If outside corporate limit/write RURAL ond give necessity lower to the company of the company						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Tracys Landing**									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					Id. STREET ADDRESS e. IS RESIDENCE										
						ON A FARM									
3. NAME OF DECEASED	Fi	Fint WILLIAM			Middle RTLEY			4. DATE OF		Month		Day	Year		
(Type or print)	WILI							DEATH	May			16 1962			
5 SEX	6. COLOR OR RACE	7. MA	RRIED X	NEVER MARRIE	D [] 0.	DATE OF BIRT	Н		9. AGE (n years			IF UNDER 24 HRS.		
Male	White		WED 🔲	DIVORCED		April		385	77	yrs.	Months	Days	Hours Min.		
10a. USUAL OCCUP	ATION (Give kind of work orking life, even if retired)	done 10	b. KIND O	F BUSINESS OR	INDUST	11. BIRTHP	LACE (State	ar fareign	country]		12 CITI	ZEN OF	WHAT COUNTRY		
Farmi			Far	ming			Marv	land			II.	S.A	١.		
								14. MOTHER'S MAIDEN NAME							
	Riley Tucker						Martha King								
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?	16. SOCIAL	L SECURITY NO	. 17. IN	FORMANT				Address					
(Yes, no, or unknown)	[If yes, give wor or dotes of	service)	NT.		Mr	s. Mar	the T	Cit	Sean	Then	ove T	and	ling. Md.		
NO.	DEATH Enter only one co	un nat l		ne (b) and (c) 1	LIVER	D. FIGI	UIIA I	· CLL) SOIL	TIG	Cys I	_	VAL BETWEEN		
	DEATH WAS CAUSED BY:	user per i	/ (u),	(b), and (c).)		4 - 1		4				ONSE	AND DEATH		
4 2 000 00	IMMEDIATE CAUSE (o)	CN	mai	7	ocu	un	m				-			
	, / DUE TO		-		2 /		4. 1.		,	_					
	gave rise to immediate cause (a), stating the underlying DUE TO														
cause last.	(c	1			ν										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA 20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18) CAUSE OF DEATH.										EN IN PART	1	PERFORMED?			
200. EXTERNAL	CAUSE WAS 2	b. DESC	RIBE HOW	INJURY OCCU	RRED. (Er	iter nature of i	njury in Por	t Lor Port I	I af item 1	3)					
CAUSE OF DEA	CAUSE WAS CONTRIBUTING []														
S 20c. TIME OF IN	NJURY Month, Day, Ye	or 20	Od. INJURY	OCCURRED 2	20e. PLAC	E OF INJURY	Hame, fatts	n. i 20f. (Cit	v ar tawn)		(Cau	nlvì	(State)		
20c. TIME OF IN Hour o. p.	m. m. 19		/hile I work 🔲	Nat while	facto	ry, street, affic	bldg., etc.	4	,		, , , , ,		(5.5.5)		
21. I certify	that I took charge	of th	e remai	ns describe	d abay	re, held an	Autaps	у П. І	nspectio	on [].	Inquir	ν П.	and find the		
	ted fram: Natural							_		and the same of					
ACTUAL SIGNATURE	Emily H	- h	leñ			_M.D.		KAMINER [DATE SIGNED		
EXAMINER'S NAME (Type)	Emily H.	Wil	son					AL EXAMINER					5/18/62		
22a. BURIAL, CREMA	ATION, 226. DATE THERE)F	22c, N	AME OF CEMET	ERY OR	CREMATORY		22d. LOC/	ATION (City	r, tawn, o	r county)		(State)		
REMOVAL (Spe Burial		19	62 M	It. Har	monv	Cemet	erv	Nr.	Owi	ngs.	Mary	rlan	d		
23. FUNERAL DIRECT		2		DDRESS	4	4	24a. REC'	D SY REGIS	TRAR 2		TRAR'S SIG				
Litely	in Funda as	/ July	me	Mur	no	mot.	MAY	2 2 '6	2	Clark	un 8 M	Tima			

VS. A15ME(5) 5M 9/55



	M	ARYLAND STATE D	EPARTMENT OF	HEALTH	
	DIVISION OF STATISTICAL R	ESEARCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMO	ORE 1, MARYLAND
2	0000 x	Ttom 9 Film G	TE OF DEATH	i wk	05390
\times	1. PLACE OF DEATH 6. COUNTY		2. USUAL RESIDENCE	Where deceased lived, If It	stitution: Residence before edmission)
	Anne Arundel	MARYLAND	Maryland	ь. count Talb	ot
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Crownsville	c. LENGTH OF STAY IN 16	CITY OR TOWN (If ou	tside corporate limits, write	RURAL and give nearest town)
1		1 mo. 15 days	Easton		2129.2
U	d. NAME OF HOSPITAL OR INSTITUTION (If not		d STREET ADDRESS	11.	o. IS RESIDENCE
	Crownsville State Ho	spital Middle	Unknown	MAMMOND	3 THECT YES NO NO
	DECEASED (Type or print) 3-#23511 Henr		Turner	OF DEATH 5	16 19 62
			. DATE OF BIRTH	19. AGE (In years)	
_	25 2 25	OWED DIVORCED	1875 - her. 2		Months Days Hours Min.
,	10a. USUAL OCCUPATION (Give kind of work 1	Ob. KIND OF BUSINESS OR INDUSTR		Stele, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	Retired	Maryland	1	U.S.A.
	13. FATHER'S NAME	1 com	14. MOTHER'S MAIDEN NAT		
	Therewor Charles	TURNER	Sinkstown.	Harriet	Turner
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [lfyesgive wererdates of service	al 13-17ha Schain	NFORMANT	Address	
	UnknownNo		Hospital Record	ls	
	18. CAUSE OF DEATH (Enter only one cause PART I, DEATH WAS CAUSED BY)				ONSET AND DEATH
	IMMEDIATE CAUSE (e)	Cardiac Dec	compensation		
	443X DUE TO	rteriosclerotic H	brontangive Co	rdiovecouler	Disease
	gave rise to immediate ceuse	rterioscierovic n	Aber central oc	T (TO 4 92 C (T 92)	7 1500050
	(e), stating the underlying DUE TO couse lest.				
0	PART I. OTHER SIGNIFICANT CONDIT ONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE COND TION GIVE	H IN PART I(a) 19. WAS AUTOPSY
	Chronic Brain	Syndrome Associa	ted with above	•	YES NO
	E 200 ACCIDENT WAS UNDERLYING 1 206	DESCRIBE HOW INJURY OCCURED			
	OR CONTRIBUTING [] CAUSE OF DEATH				
	9		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Slete)
		irwork at work			
	21. I certify that (I) (this hospital) a	attended the deceased from	3/31	52, to 5/16	, 19.62, that (I) (we) last
	saw the deceased alive on	/16 19.62, and that	death occured at	M, from the causes a	and on the date stated above
	220 SIGNATURE	, , , , , , , , , , , , , , , , , , ,	ATTENDING MED	STAFF	225, DATE
	22c PHYSICIAN GROUP INCOME.	The way	D. PHYS. DIRE	CTOR PHYS.	5/16/62
1	MAME T. A.	ard Reissman, M.		State Hognid	er. Maryland
1	23a. BURIAL, CREMATION 23b. DATE THEREOF			3d. LOCATION (C ty, tow	
	REMOVAL Specify MAY 19.19	62 Kichpel	· Cemetery	EASTON.	Md.
34	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	25a, REC'D	BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
1	James & Lask	ell-Eastern	DATE MAY	21'62	
11	/		A		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05391

LU	, DEA			Reg.	Dist.	P
			1 10 1 10	 _		

240. PEC'D BY REGISTRAR

22

246. REGISTRAR'S SIGNATURE Critury S. Holms

						-			
1.	PLACE OF DEATH G. COUNTY ANNE ARUNDEL	ARYLAND	2. USUAL RESIDENCE (W. o. STATE MARYLA		ived. If institution b. COUNTY			NNE-) /L
F	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF S	TAY IN Th	EOZHAN	outside corporat	te limits, write RU	JRAL and	give nec	prest tawn)	*
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) KIMBROUGH ARMY HOSPITAL		d. STREET ADDRESS					e. IS RESII ON A YES [
3.		cke,y	VanBibber	4. DATE OF DEATH	May	h	16 ^{De}	y Y	°62
	SEX 6 COLOR OR RACE 7. MARRIED NEVER MA Caucasian WIDOWED DIVO	RRIED	Jan 10, 1908		AGE (In years lost pirthdoy)	IF UNDE Months	R 1 YEAR Days	Hours	Min
10	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES during most of working life, even if jettred)	S OR INDU	stry 11. BIRTHPLACE (Stote Maryland	e or foreign cour	riry)	12.CI		F WHAT CO	DUNTRY?
13.	FATHER'S NAME M.O. Lackey		14. MOTHER'S MAIDEN MARY My						
15	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (If yes, give wor or dones of service) Unknewn		rs Mary Jane	aughter VanB ib b) Addr er Orr I		m, l	//d	
	1B CAUSE OF DEATH Enter only one cause per line for (a), (b), and PART I DEATH WAS CAUSED BY. Adenecarcino IMMEDIATE CAUSE (a)		the ovary				ON!	ERVAL BET SET AND I	DEATH
	Conditions, if any, which gove rise to immediate couse (a), staling the under-lying couse last.	4							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL D SEASE (ONDITION GIV	EN IN PA	RT 1(a)	19. WAS A PERFOR	RMED?
	200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJUR OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRE	D. (Enter noture of injury in	Port I or Part II	of item 18.)				
MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED While Nat while at work at work	20e. PL/ fac	ACE OF INJURY (Home, for clary, street, affice bldg., at	m, 20f (City of	r lown)		(County)		(State)
	21. 1 certify that 1 attended the deceosed from lolive on 19.62, and the second from lolive on 19.62, and the second from lolive on	pril	occurred at 6:30			d on th	e dote	e stoted	obove.
	ACTUAL SIGNATURE David of Kancer	MC	KIMBROUGH	ARMY HO	spital" 	변 ^{e)} G	G M	EADÉ,	MD
	PHYSICIAN'S DAVID J. KÁVEE, CAPTAIN,	MC	KIMBROUGH	ARMY HO	SPITAL 1	FT G	G M	EADE,	MD
22	BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	EMETERY O	OR CREMATORY	22d. LOCATIC	N (City, town, o	r county)	~	(Stole	1

may be gived by the hospital or attending physician.

Figure 2 and completely filled in by the funeral director, as a standard physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO FUN.

s after death. Page 4

23. FUNERAL DIRECTOR'S SIGNATI

TO HOSPITA VS A15 (4) 15M 9/5B



05336

urs after death. Page 4

INCOME DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral directar, pe 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2;

ar attending physician

TO FUN page the

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05392

		CERTIFICA	CIL OI DEAIII			
	ACE OF DEATH COUNTY		2 USUAL RESIDENCE (WH	ere deceased lived. If institution	n Residence bef	are admission)
ª.	Anne Arundel	MARYLAND	o. STATE Md	b. COUNTY	AA	
Ь.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If a	utside corporate limits, write RL	JRAL and give ne	earest town)
	Pasadena	L	> Pasaden	a		
d	NAME OF HOSPITAL (If not in hospital, give street of CR INSTITUT ON Medary A	address)	d. STREET ADDRESS			ON A FARM?
D	AME OF ECEASED PORT (Middle ORAFTON	MADY	4. DATE Mont	h 0	3 196
S SE	1A/E White WIDOWE	ED DIVORCED	State OF BIRTH	9. AGE (In years last birthday) yrs	Months Doys	R IF UNDER 24 HR Hours Min.
-8	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even it retired) (CARRIVES OR -IRE	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE State	or foreign country)	12 CITIZEN C	OF WHAT COUNTRY
/3. F	acob Geafton	Wade	14. MOTHERYS MAIDEN N	-HERINE-S.	hoele	22
	(AS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	-OIS aTH	erine IN	Ave	304 48 1856 dr. 1
	B. CAUSE OF DEATH (Enter only one couse per-ly	ie for (o), (b), and (c).]	100			TERVAL BETWEEN
П	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	seonary	Wec/usi	ON	0.1	Jones
	288 X DUE TO Conditions, if any, which)	Rona Ry	ATHERU SC.	lenosis	1	2 yrs
	gave rise to immediate cause (o), stating the under. DUE TO lying cause last	OUT				3425
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition giv	EN IN PART 1(a)	19, WAS AUTOPS PERFORMED? YES NO
1010	206. ACCIDENT WAS UNDERLYING [] DR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Part II of item 18)		
MEDICAL	Oc. TIME OF INJURY Month, Day, Year 20d, It Haur a. m p. m. 19 of worl	Not white fo	LACE OF INJURY (Home, form actary, street, office bldg., etc		(County	(Sto)
1 1	23. I certify that (I) (this haspital) oftend	// 7		M, fram the causes and		that (I) (we) la
. ⊢	220 SIGNATURE	ael	ATTENDING MI	ED STAFF RECTOR PHYS	a dir ine dai	22b DATE
	22c PHYSICIAN'S NAME (Type) & W. / 2	ic HARD	7/3-(orrez Pal	alen	, Buenis
23o	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, fown, o	or county)	(State)
B	urial 5/16/62	Glen Have		Glen Burn	TRAK! SIGNAT	
24, F	UNERAL DIRECTOR'S SIGNATURE	LigaDDRESS		D BY REGISTRAR 256 REGIS	TRAR'S SIGNAT	JRE .
	Hopping and Rickley:	Glen Burni	VASICACI DATE OF	1 7 760	0 10	





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* -			and the second s	OF STATISTIC	AL RESEA		ORDS, 3			ALTIMORE 1,	MARYLAND
च्या व			05398			CERTIFIC	CAIE	OF DEATH			05394
funeral should	M	1.	PLACE OF DEATH				2.		(Where decesses		Residence before edmission]
들 일어난		A	nne Arunde			MARYLA	ND	Maryland		Baltimor	e City .
by # and deat			b CITY OR TOWN (i	foutside corporate li give nearest town)	mits,	c. LENGTH OF STAY	IN 1b	e, CITY OR TOWN (If	utside corporate l	imits, write RURAL e	nd give nearest town)
₫ ∷ = . <i>"</i>		- Town	rownsville	9	,	10 mos. 28	U	Baltimore		,	4 3
- 0 -			d. NAME OF HOSPIT	TAL OR INSTITUTION	l (îf not în hospi	ial, give street eddress;	, ,	d STREET ADDRESS	79		e. IS RESIDENCE ON A FARM?
는 H 은			rownsville		-	_		nist. 4	Street		YES NO
128 to 1			NAME OF DECEASED		rst	M ddle	-	E Last 4	OF OF	Month	Dey Year
complete no paid			(Type or print3-17		ohn	M	_	Washington	DEATH	5	27 19 62
and and carbo		5.	SEX	6. COLOR OR RA	7. MARRIED	NEVER MARRIED	4 1	TE OF BIRTH	test Jest	(In years IF UNDER birthday) Months	Days Hours Min.
		10:	Male USUAL OCCUPATI	Negro	WIDOWED			tember 30,1		γrs	
= .= 2		do	ne during most of wo	rking life, even if ret	ired)	D OF BUSINESS OR IN	IDUSTRY 11	BIRTHPLACE (County	& Stete, or tore g	r country) 12. C	ITIZEN OF WHAT COUNTRY?
phys e rem	-	13	Pipe-Fitte	er	1		. 14	Maryland Mother's Maiden NA	MAG	(U.S.A.
tending plant of the plant of the plant in a	T	15.		ashington			146	Roberta	CITLE		
the or aftend hen p /al, an		15.	WAS DECEASED EV	ER IN U.S. ARMED F	ORCES? . 16. S	OCIAL SECURITY NO.	 NUFO		_	Address	-
or the after Then Then toval,		(Ye	s, ng, or unkown) (b	7-1919 deles	fservice)	7-09-3112		pital Recor	ds		
y th nit.				EATH Enter only of	i	e for (e), (b), end (c).]		•			INTERVAL BETWEEN
Per Carrie				H WAS CAUSED BY:	-1	Septicemia					ONSET AND DEATH
Ped Physical Fion			7/5	X DUE 1		_					_
Jing en s Etra ema			Conditions, if any	, which	b)	Decubitus	Ulcers				
tend tend be uria ', cr			gave rise to immedi- (e), stelling the ur		0						
x x x x x x x x x x x x x x x x x x x			cause last.		c)						_
LAD tal c servers to by		NO	PART I. OTHER	S GNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH E	TUT NOT REL			ition given in pa	RT 1(+) 19. WAS AUTOPSY PERFORMED?
ospirise ior		CATION				Parkinson'		ase due to	Cerebra	l Arterio	- Vro - No -
HY He is on is on for a		CERTIFIC	200 ACCIDENT WA	CAUSE OF DEAT	-	RIBE HOW INJURY OC	CURED (Enti	er neture of injury in Pa	d I of Part N of ite	m 1B)	
a + + + + + + + + + + + + + + + + + + +			IF EITHER, NOTIFY		1						
A A A A A		WEDICAL	20c. TIME OF INJUI	RY Month, Day,	While	Not While		f INJURY (Home, farm, treet, ôffice bldg., etc.)	20f. (City or to	wn) (Co	ounty) (Stele)
EN Italin Italin Italin Italin Italin Italin Italin Italin Italin Italia		M	p.m.	19		a work		15	50 5	127	62
				TA	oital) attende 5/27	ed the deceased	from	75 9:28	2.7. to?/	15	62, that (I) (we) last
State			saw the deceas	ed alivering	21.63	. 1904, апо	that dea	th occured atDa	.M, from the	causes and on	the date stated above.
O E D S E			X	11/1/1/1/1	150 /	11216	- MD	ATTENDING ME		AFF YS. X	5/28/62
RAI RAI RAI	þ		22c. PHYSICIAN'S	1	1	1 11	_	22d. ADDRESS			
S F F	.1		NAME (Type)	Lionel	McHeni	Mapp, M. J	0.	Crownsvill	le State	Hospital,	Maryland
Tied Walt		234	BURIAL, CREMATH	ON, 1236, DATE T	ERFOF	23. 19 VE & SUP	TERY OF	EMATORY 7	23d Lockyto	Lighty fown or cou	nty) (Stelle)
နိုင ်း ဒီဗီဌ	3	1	SU MAL Specify	16/1.	162	MT CALVA	29	mr.	Prook	J-W	md.
VR A1S (4) 15M 7.61	Fr.	24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	لي	25a. REC'D	BY REGISTRAR	Sb. REGISTRAR'S	
EDM 7,01	J.	K	-9.Mx	lam	100	O Brawl	key A	A-Q DATE AY	0 1 02	Cirthur 2	. Thank

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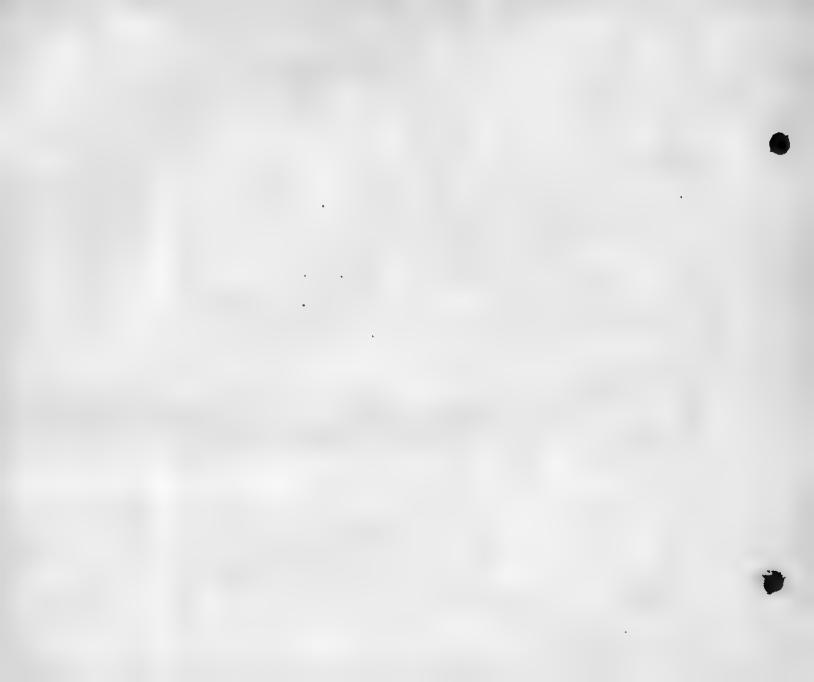
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
पूर्व ह		US400 CERTIFICATE OF DEATH 05396
4 hours after by the funer and 2 shouldeath.	M)	1. PLACE OF DEATH a. COUNTY ANNE AYUNGE b. COUNTY MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town)
thin 2. Ity filled in Its. S. Pages 1 hours after	X	DEALE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM YES NO
d completely bon papers.		3. NAME OF DECEASED (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS last birthday) Moulbul Days Hours Michael Days
ertificate b tysician an remove car iny event,		Male Willowed Divorced 3/3/02 (ast birthday) Months Days Hours Min. 106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATERMAN & Farmer Seafood - Tobasco Deale Md.
he death of ittending plans of sen please a	(I)	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas of the second of the
uires that the side of by the a permit. The or remove,		18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), end (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arcine mia of lung & midaytage. ONSET AND DEATH UR OF
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05397 05401 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (It outside c. LENGTH OF STAY IN 16 c. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town) wrote RURAL d. NAME OF HOSPITAL OP TRISTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? YES | NO X NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH - 1960 AGE (In years NEVER MARRIED | 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED IF UNDER TYPAR IF UNDER 24 HRS. Months Days Min. Hours WIDOWED T DIVORCED T yrı. 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address NEET AND DEATH 18. CAUSE OF DEATH | Enter only one cause per line for (0), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to Immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) 19. WAS AUTOPS CATION PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) While Not while 0. m. of waster at work p. m. 21. I certify that I teolocharge of the compins described above, held an Autopsy Inspection . Inquiry and find that death resulted fram-Natural cause Suicide Undetermined cause . Hamicide . DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE 00 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINE NAME (Type) Forw 220. BURIAL, CREMATION, 22d. LOCATION: (City, town, or county) 0 FUNERAL DIRECTOR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS. ATSME(S) DATE 5M 9/55

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CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday WIDOWED IN DIYORCED CCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) POSTMISTRESS 13. FATHER'S NAME YASKIN MOTHER'S MAIDEN NAME CATLIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Hyesgive war or detex of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gove rise to immediate cause DUE TO (e), stating the underlying cause last. CERTIFICATION 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED, l'Enter neture of injury in Part I or Pert II of item 18 OR CONTRIBUTING [] CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. [City or town] factory, street, office bldg., etc.) Hour a.m. While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from196 2 and that death occured at saw the deceased alive on HENATURE ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type 236. NAME OF CEMETERY OR CHEMATORY 238. BURIAL, CREMATION, 1 236 REMOVAL (Specify) VR ATS (4) 15M 7/61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed kved, If institution, Residence before admission) **b.** COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) a. IS RESIDENCE ON A FARM? YES 🗌 NO 🔀 Yeer IF UNDER 24 HRS. FUNDER 1 YEAR Months Dave Hours 1 12. CITIZEN OF WHAT COUNTRY? MO INTÉRVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY PERFORMED? NO (County) (State) .A.M., from the causes and on the date stated above; 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Orthur S. Flence

MARYLAND STATE DEPARTMENT OF HEALTH



(g) Î	٠.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05399	
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n and comple carbon papent, within 72		OF DEATH (Type or pant) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH FEMALE WIDOWED DIVORCED 11th April 1878 DIVORCED 11th April 1878 10e. USUAL OCCUPATION (G've kind of work 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or fore gn country) 12. CITIZEN OF WHAT COUR	Vin.
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R ATTENDIN by be retained RECTOR: Af hould be detacted		21. I certify that (I) (this hospital) attended the deceased from 1964 to 4-30, 1964 that (I) (we saw the deceased alive on 1964 to 19, and that death occurred at 1964 M, from the causes and on the date stated at 22e. SIGNATURE)	
OSPIZAL OF A ma UNEANL DI for, page 3 si	1	22c. PHYSICIAN'S NAME (Type) LES R. MacDonald, M.D. 23c. NAME (Type) LES R. MacDonald, M.D. 23c. Burial, Cremation, 23b. Date thereof 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stote)	دور
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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OS 404 CERTIFICATE OF DEATH
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VR A15 (4) 15M 9/60	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS WAY 2 5 62 Chilling S. Thomas



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he che war			1. ~	1	1 0	CHIEF M	EDICAL EXAMINE				
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MARYLAND STATE DEPARTMENT OF HEALTH

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OHOSPILE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Many be retained by the hospital or attending physician.
OFUNDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. West To FUNERAL Description of the filed with the

TO HOSE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05406 CERTIFICATE OF DEATH 05402

a. COUNTY	AA		e. STATE	-	d, It institution: Residen OUNTY A A	ice before edmission)
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3. NAME OF DECEASED	First	Middle	Last	4. DATE M	Aonth Dey	Year
(Typa or print)	Henry	11.	Zeller	DEATH	5 31	19 62
S. SEX	6. COLOR OR RACE 7. MARR	HED THEVER MARRIED TI	B. DATE OF BIRTH	9. AGE (In y	aers IF UNDER 1 YEAR	IF UNDER 24 HRS.
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20c. TIME OF INJURY Hour a.m.	Whi	4-	ACE OF INJURY (Homa, far- story, streat, office bldg., etc		(County)	(State)
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22e. SIGNATURE	Brady In	with.	A.D. PHYS.	MED. STAFF PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	J. BRADY	SmiTH	22d. ADDRESS	seeding.	Maryla	ng/
23a. BURIAL, CREMATIO REMOVAL (Specify)	0 - 4 - 62	Colon Law	OR CREMATORY	123d. LOCATION (Cin	Leaner he	(State)
24 FUNERAL DIRECTOR'S		ADDRESS	25a. RE	4	REGISTRAR'S SIGNA	
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